

C. N. S. QUESTIONNAIRE

(SHOULD BE COMPLETED BY **NEUROLOGISTS ONLY**)

Proposal No. _____

Full Name of the life to assured _____ Age _____

Special Questions in relation to the examination of Central Nervous System To be completed by the Medical Examiner

The medical examiner should give his remarks against each item mentioned below:

1.	Headache	
2	Memory	
3	Temper	
4	Speech	
5	Sleep	
6	Delusions	
7	Fits, Fainting, Giddiness, epilepsy	
8	Ataxia	
9	Nervousness	
10	Tremors	
11	Sight	
12	Strabismus	
13	Hearing / Tinnitus / Ear discharge	
14	Taste	
15	General weakness	
16	Type of paralysis Upper Motor neuron type Lower motor neuron type	
17	Cramps	
18	Sphincters: Rectal Vesical	
19	Reflexes Elbow Wrist Knee Ankle	

	Planter Reflex	
20	Sensory functions	
21	Motor system: i. Involuntary movements ii. Atrophy or hypertrophy iii. Tone iv. Power v. Co-ordination	
22	Trophic changes	
23	Posture and Gait	
24	Any mental retardation/disorder	
25	General remarks	

Dated at _____ on the _____ day of _____ 200

**Signature of the proposer /
Policyholder**

Signature of the Medical Examiner

Medical Attendant
Code No. _____
Qualifications _____
Registration No. _____
Address _____