

EPILEPSY QUESTIONNAIRE

Proposal No. _____

Full name of the Proposer _____ Age _____
(in block letters)

1. Give the date of first fit, convulsion or seizure _____
2. How frequently did the attacks occur? _____
3. Were the attacks increasing in severity? _____
4. Were the intervals(between two attacks)lengthening? _____
5. Was there complete unconsciousness during the attack? _____
6. Were the spasms clonic in character? _____
7. Did you ever bite your tongue during the attacks? _____
- 8.. Did you go to sleep after the fits? _____
9. Was there any involuntary micturition? _____
10. What was the type of treatment given to you? _____
11. Are you taking any drugs now? If not now, state when they were last taken _____ -
12. Since when are you free from any manifestation of Epilepsy? _____
13. Were any investigations like x-ray, ECG, CSF, Blood Examination done?

if so, give details _____

I hereby agree that the foregoing questions and answers shall form part of the Form of Proposal for insurance made by me to the Life Insurance Corporation of India on the _____ Day of _____ 200 _____

Signature of the Medical Attendant

Signature of the Life to be assured.

Medical Attendant's Report

1. Did the attacks resemble the Petit Mal variety or the Grand Mal variety? _____

2. Are there scars on the tongue or elsewhere which might be due to Epileptic seizures?....

3. Has there been any mental deterioration? _____

4. What are the effects of drugs and fits on his mental conditions?

Remarks

Signature of the Medical Attendant

Name _____

Qualifications _____

Address _____