

EPILEPSY/SEIZURE DISORDER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____

Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) (a) *Date of Diagnosis:* _____ (b) *Date of Last Episode:* _____

(2) *What type of epilepsy or seizure has been diagnosed?*

- Generalized seizures Sleep Epilepsy Traumatic Epilepsy Television Epilepsy "Single Fit"

(3) *What terms have been used to describe the character of the epileptic or seizure attacks?*

- Grand mal Petit mal Partial seizure - complex Partial seizure - simple
- Focal seizures:* Motor Sensory Temporal Lobe
- Centrencephalic seizures:* Absence Attacks Myoclonus seizures Atonic spells
- Other: _____

(4) *What type of symptoms accompany the epileptic episodes?*

- Unconsciousness "Clouded consciousness" Uncontrolled twitching movements Deep sleep

(5) *How frequent are the epileptic episodes?*

- One episode only Several episodes but clustered in a very short period of time and none since that time
- Less than 1 per year 1 - 3 per year 4 or more per year _____ per month _____ per week _____ per day

(6) *What type of medications are used to control the condition?*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) *Has any surgical procedure been recommended/done to treat the epileptic condition?* If yes, date of surgery: _____

(8) *Does the proposed insured drive a car?* No Yes

(9) *What is the occupation of the proposed insured?* _____

(10) *Does the proposed insured engage in any hazardous activities?* No Yes If yes, describe: _____

(11) *Please list any other medical information that may help provide a more realistic preliminary assessment:*
