



**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. nicotine patch, cigars, pipe, snuff, 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:*

