EMG
Insurance Brokerage

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:

_____

_____

_____

_____