



## EPILEPSY QUESTIONNAIRE

Name of the Proposer : \_\_\_\_\_ Age: \_\_\_\_\_ Years

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 attacks?	
6. Were the spasms colonic 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 micturation?	
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 examinations 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 \_\_\_\_\_20\_\_\_\_ and they shall be of the same effect as if contained in the Form of Proposal for insurance.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_20\_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Proposed

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<u>Medical Attendent's Report:</u>	
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 condition?	
Remarks:	
<p><b>I Certify that the proposer / LA has put his /her Signature alongside in my presence</b></p> <p>_____</p> <p><i>Signature of the Medical Attendant</i></p>	
Place : _____	Name: _____
Date : _____	Qualifications : _____
	Address : _____
<p>_____</p> <p>Signature of the Introducer</p> <p>Name of the Agent / Dev. Officer</p> <p>Code No.</p>	