

Divisional Office :

Branch Office:

EPILEPSY QUESTIONNAIRE

Proposal / Policy No.

Name of the Proposer : _____ - Age : _____

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 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 _____ 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 Medical Attendant

Signature of the Life Proposed

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 seizure?
3. Has there been any mental deterioration?
4. What are the effects of drugs and fits on his mental condition?

Remarks :

Signature of the Medical Attendant

Place :

Name : _____

Date :

Qualifications : _____

Address : _____