

EPILEPSY QUESTIONNAIRE

First name and last name	Date of birth			Reference number: Case ID, Policy no., Contract no. or Application no.
	Y	M	D	

1. During an epileptic attack have you ever:

- a) had dizzy spells? Yes No
- b) fainted? Yes No
- c) had convulsions? Yes No

2. Epileptic attacks:

- a) date of first attack: Y M D
 _____|_____|_____
- b) date of last attack: Y M D
 _____|_____|_____
- c) duration of attacks: _____
- d) frequency of attacks: _____

3. Have you ever been admitted to emergency as a result of an epileptic attack?
 Yes No

 If **Yes**, indicate date and name of hospital.

4. Have you ever missed work or school due to an epileptic attack?
 Yes No

 If **Yes**, indicate:

- date: Y M D
 _____|_____|_____
- duration in terms of days: _____

5. Do you take or have you ever taken medication to treat epilepsy?
 Yes No

 If **Yes**, indicate the:

- name of the medication: _____
- dosage: _____
- frequency of use: _____
- date last used: Y M D
 _____|_____|_____

6. Have you had:

When?

Where?

Results?

 E.E.G.'s

 CAT Scan

 Other (specify):

7. Please indicate name(s) and address(es) of physician(s) consulted:

I declare that the answers given in this document are true and complete and I agree that they form an integral part of my application for insurance.

 Date

 Signature of proposed insured
 (signature of father, mother or legal guardian, if minor)

 Signature of witness