



Epilepsy/Seizure Disorder Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. When was the proposed insured diagnosed with Epilepsy/Seizure Disorder?

2. What is the date of the most recent seizure? _____

3. What type of epilepsy or seizure disorder has been diagnosed?

___ Generalized Seizures

___ Sleep Epilepsy

___ Traumatic Epilepsy

___ Television Epilepsy

___ Single "Fit"

4. What terms have been used to describe the character of the seizures? (Check all that apply):

___ Grand mal

___ Petit mal

___ Partial seizure

___ Motor

___ Sensory

___ Temporal Lobe

___ Absence Attacks

___ Atonic

___ Myoclonus Seizures

5. What type of symptoms accompanies the episodes?

___ Unconsciousness

___ Uncontrolled twitching

___ Deep Sleep

6. How frequent are the seizures? _____

7. Has any surgical procedure been recommended? ___ Yes ___ No

(If yes, please provide details):

8. Does the proposed insured drive a car? ___ Yes ___ No

9. Is the proposed insured taking any medication for this condition or any other? ___ Yes ___ No

(If yes, please provide name, dosage, and frequency):

