

Epilepsy Questionnaire

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

Please answer each question and, wherever appropriate, provide details and attach copies of reports.

Have you ever experienced or do you suffer from fits/convulsions? ☐ Yes ☐ No

If 'Yes':

1. When did you get the first attack of epilepsy/fits? _____

2. Do you know what type of epilepsy you have? ☐ Yes ☐ No

If 'Yes' please provide details:

- Grand mal _____
- Petit mal _____
- Focal epilepsy _____
- Tonic-clonic _____
- Any other _____

3. Please describe the nature of the attacks: _____

a. Do you have a premonition about the epilepsy attack? ☐ Yes ☐ No

b. How many epilepsy attacks have you had in the last one year? _____

c. When was your last attack? _____

d. For how long do you become unconscious after the attack? _____

4. Have you had any scans or investigations done? ☐ Yes ☐ No

If 'Yes' please provide the date and results of the investigations along with copies: _____

5. Regarding monitoring of the condition:

a. Have you lost significant time (E.g. weeks) off-work because of this condition? ☐ Yes ☐ No

b. How often do you have follow-ups with your doctor? _____

c. When was your last consultation? _____

d. Who is your follow-up doctor? _____

6. Please provide details of your treatment:

a. Current treatment: _____

b. Past treatment: _____

7. Do you drive a car with a valid licence? ☐ Yes ☐ No

a. Have you had any accident in the past two years? ☐ Yes ☐ No

8. Have you been hospitalised for epilepsy in the last two years? ☐ Yes ☐ No

If 'Yes' please state the date and submit copies of all hospital records and discharge summary: _____

9. Have you had any of the following tests in the last one year?

a. CT scan of the brain ☐ Yes ☐ No

b. EEG ☐ Yes ☐ No

c. MRI of the brain ☐ Yes ☐ No

10. Please provide the name and address of your physician along with the latest consultation notes: _____

_____ Date of your last consultation: _____

11. Please provide any additional information that would help in processing your application: _____

**** Please submit CT scan, MRI of the brain or EEG reports or reports of any tests conducted in the last five years.**
I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will form a part of the contract of the desired insurance on my life.

Place: _____ Date: _____ Signature of the Life Insured

****Please tick (✓) wherever applicable.**

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____ Signature of the Declarant

Address of the Declarant: _____

Place: _____ Date: _____ Signature of the Life Insured