

Underwriting Questionnaire Epilepsy/Seizure Disorder

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Date of last episode _____

Type of epilepsy or seizure diagnosed

Generalized seizures Sleep epilepsy Traumatic epilepsy Television epilepsy "Single Fit"

What terms have been used to describe the character of the epileptic or seizure attack(s) (select all that apply)

Grand mal Petit mal Partial seizure-complex Partial seizure-simple
 Focal seizures: Motor Sensory Temporal lobe
 Centrencephalic seizures: Absence attacks Myoclonus seizures Atonic spells
 Other _____

Frequency of the epileptic episodes _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Has any surgical procedure been recommended/done to treat the condition? Yes No If yes, date of surgery _____

Hospitalization (due to condition) ER visits (due to condition) If yes, date(s) _____

Does the client drive a motor vehicle? Yes No Occupation _____

Does the client engage in any hazardous activities? Yes No If yes, describe _____

List any other major health problems the client has: