



EPILEPSY QUESTIONNAIRE
(To be completed by Attending Physician)

Name of Proposed Insured:	Policy No:
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1. Please state type of epilepsy and date of onset _____

2. Please provide details of the nature and frequency of attacks and the date of the last attack _____

3. Please give details of any time off work due to epilepsy or associated symptoms _____

4. Have there been any episodes of status epilepticus? If so, please give dates _____

5. Please provide details of treatment given _____

6. How well does the patient control his/her condition? _____

7. Please give the dates and results of any EEG's _____

8. Are you aware of any complicating features of the patient's condition (i.e. questionable habits, abnormal mental status, etc)? If so, please give details _____

Signature

Date

