

# Epilepsy questionnaire - Applicant

Full name:

Application number:

1. When was your epilepsy first diagnosed?

2. Has it been described as any particular type, e.g. grand mal, absence seizures, etc.? Yes  No   
If YES, please provide details.

3. Have you undergone any investigations, such as EEG, CT or MRI scan? Yes  No   
If YES, please provide details including dates of investigations and results.

4. Regarding the nature and frequency of your attacks:

a) Please describe the nature of your attacks including if any loss of consciousness.

b) Are you aware of any specific provoking cause for your attacks? Yes  No   
If YES, please provide details.

c) How long does each attack usually last?

d) How many attacks, fits or seizures have you had in the last 12 months?

e) When was your last attack?

f) Have you ever required hospitalisation as a result of an epileptic attack? Yes  No   
If YES, please provide complete details including dates.

5. Please provide details of your treatment. Include names of medication (i.e. Dilantin, Tegretol, etc.), dosage and how often taken:

a) Currently.

b) If this has been changed in the last two years, please describe in what way and why.

6. Regarding the monitoring of your condition:

a) Who is in charge of your follow-up?

b) How often do you attend for follow-up?

c) When was your last consultation?

7. Please provide details, including dates and duration, of any time off work due to your epilepsy.

8. Are you prevented from holding a driving license or are your activities restricted in any other way due to epilepsy?

Yes  No

If YES, please provide details.

9. Does your occupation involve any work at heights, handling or working with heavy machinery or any other aspect which may increase the risk should you have an attack whilst at work?

Yes  No

If YES, please provide details.

10. Please provide any additional information on your condition which you feel will be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date