

# MEDICAL HISTORY QUESTIONNAIRE: EPILEPSY

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage: \_\_\_\_\_ Coverage Information: \_\_\_\_\_

Never  
 Former Date Stopped: \_\_\_\_\_  
 Current Type: \_\_\_\_\_

Type:  Term  UL  IUL  
 WL  VUL  Survivorship

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

## Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. Indicate the type of seizure:

- Complex/partial seizure
- Tonic-clonic seizure
- Absence seizure
- Myoclonic seizure

3. Indicate the number or frequency of episodes and date of last episode:

4. Has client been hospitalized for treatment of epilepsy? (give details)

- No  Yes; please give details

5. Please list current medications

Name of Medication	Dosage	Reason

6. What is client's occupation? \_\_\_\_\_

7. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: