Form No. 3334

Divisional Office : **Branch Office:**

C.N.S. QUESTIONNAIRE

Proposal / Policy No.

Full Name of Life to be Assured _____ Age _____

SPECIAL QUESTIONS IN RELATION TO THE EXAMINATION OF CENTRAL NERVOUS SYSTEM TO BE COMPLETED BY THE **P.G. PHYSICIAN (M.D.)**

(The Medical Examiner should give his remarks against each item mentioned below)

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1. Headache :
2. Memory :
3. Temper :
4. Speech :
5. Sleep :
6. Delusions :
7. Fits, faints, giddiness :
8. Ataxy :
9. Nervousness :
10. Tremors :
11. Sight :
12. Strabismus :
13. Hearing : Tinitus : Ear Discharge:
14. Taste :
15. General weakness
16. Type of Paralysis : Upper Motor neuron type / Lower motor neuron type
17. Cramps:
18. Sphincters : (i) Rectal
19. Reflexes : (ii) Vesicle
    Elbow, Wrist, Knee, Ankle, Planter Reflex
20. Sensory functions :
21. Motor System :
    i) Involuntary movements _____
    ii) Atrophy or hypertrophy _____
    iii) Tone or hypertrophy _____
    iv) Power _____
    v) Co-ordination _____
22. Trophic changes :
23. Posture and Gait :
24. (a) State whether any specific diagnosis of the disease is made if so
    (b) Whether it is progressive or not
25. General remarks :

Dated at _____ on the_____ day of _____20

Signature of the Life to be Assured

Signature of the Introducer

Signature of the P.G. Physician

Qualifications : _____

Code No. : _____

Address : _____