Form No. 3340

Divisional Office:

Branch Office:

EPILEPSY QUESTIONNAIRE

Proposal / Policy No.					
Name of the Proposer :			Age :		
1. Give the date of first	fit, convulsion or seizure	:			
2. How frequently did the attacks occur?					
3. Were the attacks increasing in severity?					
Were the intervals (Between two attacks) lengthening?					
5. Was there complete unconsciousness during the attacks?					
6. Were the spasms colonic in character?					
7. Did you ever bite your tongue during the attacks?					
8. Did you go to sleep	after the fits?				
9. Was there any involuntary micturation?					
10. What was the type of treatment given to you?)			
11. Are you taking any drugs now? If not now, state when they were last taken					
		- ,			
If so, give details					
Proposal for Insurance m	nade by me to the Life Ins	surance Corpor	ation of India one	the	
Dated at	on the		day of	20	
Signature of the Medic			ture of the Life Pr		
	Name of the Proposer: 1. Give the date of first 2. How frequently did to 3. Were the attacks incomplete the attacks? 4. Were the intervals (I lengthening? 5. Was there complete the attacks? 6. Were the spasms complete the attacks? 8. Did you ever bite you attacks? 8. Did you go to sleep a 9. Was there any involute 10. What was the type of 11. Are you taking any constate when they were 12. Since when are you the manifestation of Epile 13. Were any investigating Blood examination decreased in the proposal for Insurance and the proposal for Insurance.	Name of the Proposer: 1. Give the date of first fit, convulsion or seizure 2. How frequently did the attacks occur? 3. Were the attacks increasing in severity? 4. Were the intervals (Between two attacks) lengthening? 5. Was there complete unconsciousness during the attacks? 6. Were the spasms colonic in character? 7. Did you ever bite your tongue during the attacks? 8. Did you go to sleep after the fits? 9. Was there any involuntary micturation? 10. What was the type of treatment given to you? 11. Are you taking any drugs now? If not now, state when they were last taken 12. Since when are you free from any manifestation of Epilepsy? 13. Were any investigations like X-ray, ECG, CSF Blood examination done? If so, give details I hereby agree that the foregoing question Proposal for Insurance made by me to the Life Insurance made for Insurance made by me to the Life Insurance mad	Name of the Proposer: 1. Give the date of first fit, convulsion or seizure: 2. How frequently did the attacks occur? 3. Were the attacks increasing in severity? 4. Were the intervals (Between two attacks) lengthening? 5. Was there complete unconsciousness during the attacks? 6. Were the spasms colonic in character? 7. Did you ever bite your tongue during the attacks? 8. Did you go to sleep after the fits? 9. Was there any involuntary micturation? 10. What was the type of treatment given to you? 11. Are you taking any drugs now? If not now, state when they were last taken 12. Since when are you free from any manifestation of Epilepsy? 13. Were any investigations like X-ray, ECG, CSF, Blood examination done? If so, give details I hereby agree that the foregoing questions and answers Proposal for Insurance made by me to the Life Insurance Corpor day of	Name of the Proposer: 1. Give the date of first fit, convulsion or seizure: 2. How frequently did the attacks occur? 3. Were the attacks increasing in severity? 4. Were the intervals (Between two attacks) lengthening? 5. Was there complete unconsciousness during the attacks? 6. Were the spasms colonic in character? 7. Did you ever bite your tongue during the attacks? 8. Did you go to sleep after the fits? 9. Was there any involuntary micturation? 10. What was the type of treatment given to you? 11. Are you taking any drugs now? If not now, state when they were last taken 12. Since when are you free from any manifestation of Epilepsy? 13. Were any investigations like X-ray, ECG, CSF, Blood examination done? If so, give details I hereby agree that the foregoing questions and answers shall from part of Proposal for Insurance made by me to the Life Insurance Corporation of India one day of	

Medical Attendant's Report:	
 Did the attacks resemble the Petit Mal variety or the Grand Mal variety? 	
Are there scars on the tongue or elsewhere which might be due to Epileptic seizure?	
3. Has there been any mental deterioration?	
4. What are the effects of drugs and fits on his mental condition?	
Remarks :	
Signature of the Medi	aal Attandant
Signature of the Medic	cal Attendant
Place :	Name :
Date :	Qualifications :
	Address :