PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

EPILEPSY / SEIZURES QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) (a) Date of Diagnosis: _____ **(b) Date of Last Episode:** _____

(2) What type of epilepsy or seizure has been diagnosed?

❒ Generalized seizures ❒ Partial seizures ❒ Simple ❒ Complex

(3) What terms have been used to describe the character of the epileptic or seizure attacks?

❒ Grand mal ❒ Petit mal ❒ Absence ❒ Partial seizure - simple
❒ Myoclonic ❒ Tonic-clonic ❒ Atonic ❒ Temporal Lobe or complex

Other: _____

(4) Is there a known cause?

❒ No, was idiopathic ❒ Yes, cause: _____

(5) How frequent are the epileptic episodes?

❒ One episode only ❒ Several episodes but clustered in a very short period of time and none since that time
❒ Less than 1 per year ❒ 1 - 3 per year ❒ 4 or more per year ___ per month ___ per week ___ per day

(6) What type of medications are used to control the condition?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) Has any surgical procedure been recommended/done to treat the epileptic condition? If yes, date of surgery: _____

Type of Surgery: _____

(8) Has there been testing? ❒ No ❒ Yes, types of testing done: ❒ EEG ❒ MRI ❒ CT Scan

(9) Is there, or has there been, any disability? ❒ No ❒ Yes, dates: _____

(10) Does the proposed insured engage in any hazardous activities? ❒ No ❒ Yes, describe: _____

(11) Please list any other medical information that may help provide a more realistic preliminary assessment:

_____

_____