

NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

QUESTIONNAIRE FOR EPILEPSY: CONVULSIONS AND LOSS OF CONSCIENCE

1. a) **Have you ever had or been told that you suffer from:**
 Epilepsy _____ Convulsions _____ Loss of conscience _____ Aura _____ Other(s) _____

b) Please, state the exact diagnosis, or nature of the condition you are suffering from e.g. absence seizures (petit mal), atonic seizures (drop attack), myoclonic seizures, tonic-clonic seizures (grand mal), simple partial seizures, complex partial seizures (psychomotor), nocturnal epilepsy or others?

2. **Date of the first episode:** _____

3. **Date of the last episode:** _____

4. **How many episodes have you suffered?** _____ **Frequency:** _____

5. **Was it a total loss of conscience?** Yes No **If yes**, what was the duration of the total loss of conscience?

6. **Do you have any symptoms or warnings of an attack?** Yes No
If yes, described your symptoms: _____

7. **Provide the name(s) and address(es) of the physician(s) consulted and the dates of the consultations:**

8. **Which treatment or medications were prescribed?** _____

9. **Are you currently under any treatment or medication?** Yes No
If no, when did the treatment or medication stop? _____
Was it on your physician's advice to stop the treatment or taking the medication? _____

10. **Have you ever had:**

- Crane X-rays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- E.E.G.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Specify: _____

What were the results? _____

11. **What is your version of the diagnosis and the cause of the disorder?** _____

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with **UL Mutual**.

X _____ X _____
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____ X _____
 WITNESS DATE