Manulife | Chinabank

LIFE ASSURANCE CORPORATION

Epilepsy Questionnaire

For Completion by the Attending Physician.

Name of Applicant: _____ **Date of Birth:** _____

1. Please provide the following:

Type of epilepsy
Date of onset
Frequency of attacks
Date of last attack

2. What treatment has been prescribed? Please state drug and dosage

3. To your knowledge, is the patient compliant with treatment? ☐ **Yes** ☐ **No**
If "no" please provide details

4. Have there been any episodes of status epilepticus? ☐ **Yes** ☐ **No**
If "yes" when?

5. Has there ever been any time off work required due to epilepsy or any associated problems?
If "yes" please provide details ☐ **Yes** ☐ **No**

6. Please provide the results of any investigations performed because of the epilepsy. (a copy of any appropriate specialists' reports would be appreciated)

7. Does the condition restrict the patient in any way from performing his/her occupation?
If "yes" please provide details ☐ **Yes** ☐ **No**

8. Are you aware of any complicating features that might have a bearing on the patient's condition (consumption of alcohol, questionable habits, abnormal mental status, etc)?
If "yes" please provide details ☐ **Yes** ☐ **No**

9. Is the patient licensed to drive a motor vehicle? ☐ **Yes** ☐ **No**

_____ _____

Signature of Attending Physician **Date**