



## EPILEPSY QUESTIONNAIRE

**Name:**

**Proposal No.:**

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

1. What type of epilepsy do you have (e.g. grand mal, petit mal, nocturnal, absence, etc.)?

2. When was it first diagnosed?

3. Were any investigations carried out such as EEG, CT or MRI scan? Yes ☐ No ☐  
If 'Yes', please provide details including dates and results.

4. How many attacks, fits or seizures have you had in the last 12 months?

5. How long does each attack last?

6. What was the date of the last attack?

7. Have you ever required hospitalisation as a result of an epileptic attack? Yes ☐ No ☐  
If 'Yes', please provide dates and details.

8. Please provide details of your treatment including names of all medication (i.e. Dilantin, Tegretol, etc.) and dosage.

9. Has your treatment changed in the last 2 years? Yes ☐ No ☐ If 'Yes', please describe why and in what way.

10. Are your daily activities restricted in any way by this condition or have you had to take time off work as a result of this condition? Yes ☐ No ☐ If 'Yes', please provide details.

11. a) Who do you attend for monitoring of your condition?

b) How often do you attend for follow-up?

c) When was your last consultation?

12. Please provide any other information about this condition that you think would be helpful to us in processing your application

**I declare that:**

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

**I agree that:**

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

**Signed:**

**Date:**

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