

**Colonial Life Insurance Company (Trinidad) Limited**

**29 ST VINCENT STRET, PORT OF SPAIN**

**EPILEPSY QUESTIONNAIRE**

(to be completed by Attending Physician)

Full name of Life Proposed ..... Date of Birth .....  
(Month/Day/Year)

1. How long have you been attending this patient? .....

2. Type of epilepsy and date of onset .....

3. Nature and frequency of attack .....

4. Date of last attack and type .....

5. Please give details of any time off work due to epilepsy or associated symptoms

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6. Has there ever been an investigation to determine the cause of the disorder? State.

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7. Has treatment changed over the last 3 years? If yes, how and why .....

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8. Does the proposer control his condition well?.....

9. Please give the dates and results of any Electroencephalograms, Skull X-rays or Catscan done.

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10. Are you aware of any complicating features of the proposer's condition ?( i.e. questionable habits, abnormal mental status, etc.). *If so, please give details*

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Date.....

Signed .....

ATTENDING PHYSICIAN