



Epilepsy/Seizure Disorder

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Date of last episode _____

Type of epilepsy or seizure diagnosed

- Generalized seizures Sleep epilepsy Traumatic epilepsy Television epilepsy "Single Fit"

What terms have been used to describe the character of the epileptic or seizure attack(s) (select all that apply)

- Grand mal Petit mal Partial seizure-complex Partial seizure-simple
 Focal seizures: Motor Sensory Temporal lobe
 Centrencephalic seizures: Absence attacks Myoclonus seizures Atonic spells
 Other _____

Frequency of the epileptic episodes _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Has any surgical procedure been recommended/done to treat the condition? Yes No If yes, date of surgery _____

Hospitalization (due to condition) ER visits (due to condition) If yes, date(s) _____

Does the client drive a motor vehicle? Yes No Occupation _____

Does the client engage in any hazardous activities? Yes No If yes, describe _____

List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.