
EPILEPSY QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Have you ever had, or been told you had: a fainting spell aura seizure convulsion
If yes, describe symptoms:

2. When was the first episode and type: _____ last episode and type: _____

3. How often do they occur? _____

4. Is consciousness lost completely? Yes No If yes, for how long? _____

5. Do you have any aura or warning of an attack? Yes No If yes, explain:

6. Give names and addresses of doctors consulted for any of above, with dates:

7. What medication or treatment was prescribed?

8. If currently taking medication or treatment, specify type, quantity and frequency:

9. Have you had: Skull X-Rays EEG's CAT SCAN Other special tests (please specify): _____
Please specify when, where and results:

10. What is your understanding of the diagnosis, and the cause of your illness?

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured