EPILEPSY QUESTIONNAIRE

DATE:_____ ADVISOR NAME: _____
PHONE:_____ FAX:_____ EMAIL:_____

CLIENT INFORMATION:

PROPOSED INSURED:_____ DATE OF BIRTH:____/____/____
☐ MALE ☐ FEMALE STATE OF SALE:_____
TOBACCO USE: ☐YES ☐NO ☐QUIT WHEN_____
OTHER COMPANY ACTIONS: ☐RATED TABLE____ ☐POSTPONED ☐DECLINED
OTHER COMPANY DETAILS:_____

DATE OF DIAGNOSIS:____/____/____

PLEASE NOTE THE TYPE OF SEIZURE:

☐COMPLEX/PARTIAL SEIZURE ☐TONIC-CLONIC SEIZURE
☐ABSENSE SEIZURE ☐MYOCLONIC SEIZURE

PLEASE INDICATE THE NUMBER OF OR FREQUENCY OF EPISODES:_____

DATE OF LAST EPISODE:____/____/____

PLEASE LIST ANY MEDICATIONS CURRENTLY BEING TAKEN AND THEIR DOSAGE:_____
_____

HAVE YOU EVER BEEN HOSPITALIZED FOR THE TREATMENT OF EPILEPSY?
☐NO ☐YES - GIVE DETAILS:_____

HAVE YOU SMOKED CIGARETTES IN THE LAST 12 MONTHS?
☐NO ☐YES - GIVE DETAILS:_____

DO YOU HAVE ANY OTHER MAJOR HEALTH PROBLEMS?
☐NO ☐YES - GIVE DETAILS:_____
_____
_____

ADDITIONAL NOTES:_____
_____
_____
_____
_____
_____

Please return via email at

PlusMarketing@pfnins.com

Visit our website at **www.pfnins.com** for additional sales tools.

PLUS FINANCIAL NETWORK
INNOVATIVE INSURANCE STRATEGIES FOR THE MODERN WORLD

901 Wilshire Drive, Suite 140, Troy MI 48084

800.887.7587