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SEIZURE QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Date of last seizure: _____

2. Cause of seizures: _____

3. Number of seizures the first year: _____

4. Are the seizures:

- GRAND MAL (GENERALIZED TONIC-CLONIC) SEIZURES? YES NO
- PETIT MAL (GENERALIZED ABSENCE) SEIZURES? YES NO
- JACKSONIAN (SIMPLE PARTIAL) SEIZURES? YES NO
- PSYCHOMOTOR (COMPLEX PARTIAL OR TEMPORAL LOBE) SEIZURES? YES NO

5. Have you ever been hospitalized for a seizure disorder? YES NO

⇒ If “yes,” please provide number of hospitalizations and date of last hospitalization:

6. How long do your seizures last? _____

7. How many seizures three years ago? _____

8. How many seizures two years ago? _____

9. How many seizures during the last year? _____

10. Please list all medications that you presently take:

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

Signature of Proposed Insured

Date