

Form Med 08 - Medical Conditions Supplementary Questionnaire
Epilepsy/Fits/Blackouts

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. Please state the exact medical diagnosis of your condition:

2. What is the cause, if known?

3. If epilepsy, how long have you suffered epileptic attacks?

4. How many attacks per year do you have, and have they been described as mild, moderate, severe, or petit mal or grand mal?

5. When did you suffer your last fit/blackout?

6. Please advise, with dates and results, details of any investigations or tests which may have been carried out.

7. What treatment have you taken in the past?
(ie: Epilim, Epanutin)

8. What tablets are you currently taking?
(Please give name of tablets and dosage).

9. How frequently are you attending your doctor or hospital for the condition?

10. Are you permitted to hold a driving licence? Yes No

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.