



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Epilepsy - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Epilepsy, please answer the following:

1. Please list date of first diagnosis/type of seizure: _____

2. Please note type of seizur

Complex/Partial Seizure

Tonic-Clonic Seizure

Absense Seizure

Myoclonic Seizure

3. Please indicate the number or eQUENCY of episodes and date of last episode:

4. Is your client on any medication

yes, please give details _____

no

5. Has your client been hospitalized for eatment of epilepsy?

yes, please give details _____

no

6. Has your client smoked cig ettes in the last 12 months?

yes, please give details _____

no

7. Does your client have any other major health oblems (ex: heart disease, etc.)?

yes, please give details _____

no