Epilepsy Quote Request

Name _____ **Sex M F** **Date of Birth** _____

Height _____ **Weight** _____ **Smoker? Y N** **State** _____

Coverage Desired? _____ **Amount** _____ **Plan Desired?** _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

_____

When was this condition first diagnosed? _____

When did you have your first seizure? _____
Date of onset of condition, duration, severity? _____
How frequent are the seizures? _____
Date of most recent seizure? _____
How has it been treated? _____
Has treatment been completed? If YES, When? _____

Have you ever had or been treated for: **(Please Circle all that apply)**

Chest Pain or Coronary	**Coronary Artery Disease**	**TIA or Stroke**
Enlarged heart	**Kidney Disease**	**Aneurysm**

If YES, Complete details please _____

Have you had a Treadmill EKG or any type of Stress Test? If so, When? _____
Were the results normal? _____

What have been your recent Blood Pressure readings? _____
What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Do you have any Family History of Heart Disease. Peripheral Vascular Disease or Diabetes? Y N
If YES, Complete details please _____

What Lifestyle Changes have you made to treat your illness? _____

Please list all medications being taken: _____
_____

Do you have any other major health problems? **(example: cancer, etc)?**
_____

Broker Submitting Questionnaire: _____
Address _____
Phone: _____ **FAX:** _____ **E-mail:** _____

Please send completed form: **Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787**
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com