



Viva Health Inc. Health Questionnaire--Neurology

Employee Name: _____ Group Name: _____
Proposed Insured: _____ D.O.B. _____

1. Have you ever had a convulsion, involuntary neuromuscular hyperactivity and/or unconsciousness? What type of attack? *(Please check appropriate items)*
 Grand Mal or unconsciousness Petit Mal or Staring Spells
 Jacksonian Psychomotor
 Other, explain _____
2. When was your first attack?
3. What is the average number of attacks you have per year? During the THREE years?
When was your last attack?
4. Were any attacks of status epilepticus in the last five years? *If yes, give the approximate date of the last attack.*
5. Are these attacks usually at any particular time of day?
6. Have you sustained any trauma due to these attacks? *If yes, please explain in detail.*
7. Have you ever had an EEG? *If yes, list the results and date(s) of the test(s).*
8. Have you had CAT Scan? *If yes, list the results and date(s) of the test(s).*
9. Are you taking any medication at this time? *If yes, list the type of medication and dosage.*
10. Has surgery ever been mentioned or recommended to you?
11. Have you ever been in a hospital for any of the reasons above? *If yes, give the name of the hospital and date you were there.*
12. List the name, address and date of the last visit you had with the physician holding your medical records.
13. Do you have any other organic, neuro-emotional or complicating ailments? *If yes, please list details.*
14. Do you smoke? If yes, how many cigarettes per day?

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ Signature of proposed insured: _____