

NEUROLOGICAL DISORDER QUESTIONNAIRE

CONFIDENTIAL

To be completed in English by the medical attendant of the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

The life assured gives a history of neurological disease and we would appreciate your answers to the following questions.

1. What were the presenting symptoms?

2. What was the date of onset, or dates if more than one episode?

3. What was the exact diagnosis?

4. Is there any previous history of neurological symptoms?

Yes No If Yes, please provide full details including date(s) of episode(s) and nature of symptoms.

5. Has your patient ever been referred to a specialist?

Yes No If Yes, please provide full details including dates and copies of all relevant reports, if available.

6. Please provide the results of any investigations.

7. a) Please provide full details of treatment.

b) Is treatment still continuing?

8. Have there been any further attacks?

Yes No If Yes, please provide full details below.

9. Is any follow-up anticipated?

Yes No If Yes, please provide full details below.

10. Is the patient's mental state affected?

Yes No If Yes, please provide full details below.

11. Please provide details of any time lost from work.

Medical Attendant's full name (please print)

Qualifications

Signature of Medical Attendant

Date (dd/mm/yyyy)

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