



SEIZURE/EPILEPSY QUESTIONNAIRE
(Complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

- 1. Please indicate type of seizure: _____ Grand Mal _____ Petit Mal _____ Other (specify)
_____ Febrile _____ Myoclonic _____ Jacksonian _____ Partial

Details of symptoms: _____

- 2. Date of first seizure: _____ Frequency of seizures: _____

Date of last seizure: _____

- 3. Details of treatment: _____

- 4. Have you ever been hospitalized because of seizures? ___ Yes ___ No. If yes, provide complete details regarding dates of hospitalization(s), duration of stay(s) and treatment(s) received:

- 5. Are you taking medication(s) for this condition? ___ Yes ___ No.

Name of Medication: _____ Dosage: _____ Frequency (ie., daily, as needed)

If no, did your doctor recommend discontinuation? ___ Yes ___ No. Date discontinued: _____

- 6. Name and address of treating physician: _____

Date last seen? _____

- 7. Any loss of time at work or restricted activities: _____

- 8. Results and dates of any special test/studies:

Dates Test / Studies results

- 9. Any other comments? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

Signature of person treated (or parent / guardian if under 18)

Date

Anthem Blue Cross and Blue Shield is the trade name of In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Ohio: Community Insurance Company. In Missouri: RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. An independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.