

Life Insurance Corporation of India
Division

C N S Questionnaire

Proposal No

Full Name of Life to be Assured **Age**

SPECIAL QUESTIONS IN REALATION TO THE EXAMINATION OF CENTRAL NERVOUS
 SYSTEM TO BE COMPLETED BY THE MEDICAL EXAMINER

(The Medical Examiner should give his remarks against each item mentioned below)

- | | |
|-------------------------------------|---|
| 1. Headache : | 2. Memory : |
| 3. Temper | 4. Speech |
| 5. Sleep | 6. Delusions |
| 7. Fits, Pains, Giddiness | 8. Ataxy |
| 9. Nervousness | 10. Tremors |
| 11. Sight | 12. Strabismus |
| 13. Hearing | Tinitus Ear Discharge |
| 14. Taste | |
| 15. General Weakness | |
| 16. Type of Paralysis | Upper Motor neuron type / Lower Motor neuron type |
| 17. Cramps | |
| 18. Sphincters | I) Rectal
ii) Vesical |
| 19. Reflexes | Elbow, Wrist, Knee, Ankle, Planter Reflex |
| 20. Sensory functions: | |
| 21. Motor System | I) Involuntary movements
ii) Atrophy or hypertrophy
iii) Tone
iv) Power
v) Co-ordination. |
| 22. Trophic changes | |
| 23. Posture and Gait | |
| 24. Any mental retardation/Disorder | |

25. Genral remarks

Dated at On the Day of 200 .

Signature of the Life to be Assured

Signature of the Medical Examiner

Qualifications

Code no.

Address