

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 | |
| | ii) Tone | |
| | iii) Power | |
| | iv) Co-ordination. | |
| 22. Trophic changes | | |
| 23. Posture and Gait | | |
| 24. General remarks | | |
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Dated at On the Day of 200 .

Signature of the Life to be Assured

Signature of the Medical Examiner

Qualifications

Code no.....

Address