

## HEADACHE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. When did headache first occur? \_\_\_\_\_ When was the last attack? \_\_\_\_\_

2. How often do they occur? \_\_\_\_\_

3. Are they:     Intermittent     Continuous     Brief     Prolonged

4. Which part of the head is usually affected:     Front     Top     Back     Sides

5. Are there any associated symptoms or signs affecting:

- |   |  |
|---|--|
| <input type="checkbox"/> Vision, visual fields, double vision | <input type="checkbox"/> Unsteadiness of gait or limbs, staggering |
| <input type="checkbox"/> Numbness, tingling                   | <input type="checkbox"/> Undue sleepiness                          |
| <input type="checkbox"/> Muscle weakness                      | <input type="checkbox"/> Kidney disorder                           |
| <input type="checkbox"/> Nausea, vomiting                     | <input type="checkbox"/> Fits                                      |
| <input type="checkbox"/> Dizziness, hearing loss              | <input type="checkbox"/> High blood pressure                       |

6. Is there any relationship between headache and

- |   |  |
|---|--|
| <input type="checkbox"/> Nervous system | <input type="checkbox"/> Medications                   |
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Menstrual cycle (Female only) |

7. Have any special diagnostic tests been done or recommended to the above?     Yes     No  
 If yes, give date, doctor's name and description:

\_\_\_\_\_

8. What diagnoses have been made? \_\_\_\_\_

9. What treatment have been prescribed? \_\_\_\_\_

10. Please provide details of doctors consulted regarding headache:

Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ ; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Proposed Insured