



**C. N. S. QUESTIONNAIRE**

Division \_\_\_\_\_

Branch Office \_\_\_\_\_

Proposal No. \_\_\_\_\_

Full Name of the life to assured \_\_\_\_\_ Age \_\_\_\_\_

**Special Questions in relation to the examination of Central Nervous System  
To be completed by the Medical Examiner (By PG – Physician – MD or a Neurologist only)**

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, Fainting, Giddiness, Epilepsy	
8	Ataxia	
9	Nervousness	
10	Tremors	
11	Sight	
12	Strabismus	
13	Hearing / Tinnitus / Ear discharge	
14	Taste	
15	General weakness	

16	Type of paralysis Upper Motor neuron type Lower motor neuron type	
17	Cramps	
18	Sphincters: Rectal 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	General remarks	

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
**Signature of the proposer /  
Policyholder**

\_\_\_\_\_  
**Signature of the Introducer  
Name of Agent/Dev.officer  
Address**

**Code No.**

\_\_\_\_\_  
**Signature of the Medical Examiner /  
Medical Attendant**  
**Code No.**  
**Qualifications**  
**Registration No.**  
**Address**