

Patient surname	Title	First name(s)
Date of birth ___ / ___ / ___	Hospital number	
Date of first visit to clinic ___ / ___ / ___	Length of initial consultation in minutes	
Date of return visit to clinic ___ / ___ / ___	Length of follow up consultation (mins)	

Epilepsy / seizure details

Age of onset -----

Seizure type(s) (e.g. tonic-clonic, absence e.t.c.) -----

Epilepsy syndrome (if known, e.g. idiopathic generalised) -----

Cause of epilepsy -----

Precipitating factors -----

Diurnal pattern -----

Witnessed account obtained? (if yes, by whom?) -----

Has the patient experienced non-epileptic seizures? -----

Complications of epilepsy -----

**History of accidents / injuries**

**Prolonged / serial seizures** -----

**Status epilepticus** -----

Anxiety -----

Depression -----

Cognitive decline -----

**Previous assessment / treatment**

Epilepsy surgery? -----

Vagal nerve implant? -----

Psychology? -----

Psychiatry? -----

<b>Other health-related problems / long-term medication (include any known allergies)</b>

**Initial consultation / first visit to clinic on:** \_\_\_ / \_\_\_ / \_\_\_

**Current antiepileptic medication – what the patient is actually taking**

Brand name	Dose	Time(s)	Date initiated

<b>Side effects</b>

Does this tally with the patient’s prescription? -----

Is there an issue regarding compliance? -----

How often does the patient forget to take the medication? -----

**Are the blood levels within therapeutic range?**

-----

Have routine bloods been taken?

-----

**Follow up appointment / return visit to clinic on: \_\_/\_\_/\_\_**

**Current antiepileptic medication – what the patient is actually taking**

Brand name	Dose	Time(s)	Date initiated

**Side effects**

Does this tally with the patient’s prescription?

-----

Is there an issue regarding compliance?

-----

How often does the patient forget to take the medication?

-----

**Are the blood levels within therapeutic range?**

-----

Have routine bloods been taken?

-----

**Initial consultation / first visit to clinic on: \_\_/\_\_/\_\_**

**Seizure type(s) / frequency**

**Possible trigger factors**

**Follow up appointment / return visit to clinic on: \_\_/\_\_/\_\_**

**Seizures since last clinic visit on: \_\_/\_\_/\_\_**

**Possible trigger factors**

Information for patients and carers

Diagnosis

Does the patient / carer know / understand:

Please tick, date and initial

that the diagnosis is epilepsy?

\_\_/\_\_/\_\_

what epilepsy is?

\_\_/\_\_/\_\_

how a diagnosis is made?

\_\_/\_\_/\_\_

the reasons for tests and what the results mean?

\_\_/\_\_/\_\_

- the probable cause of their seizures?  \_/ \_/ \_
- what their seizures are like?  \_/ \_/ \_
- the name of their seizures and syndrome?  \_/ \_/ \_
- the prognosis?  \_/ \_/ \_
- the risks of seizures such as accidents and injuries?  \_/ \_/ \_
- the risks of prolonged / serial seizures and status epilepticus?  \_/ \_/ \_
- the relative risk of SUDEP?  \_/ \_/ \_

The medication

Does the patient / carer know :

- the purpose of the medication?  \_/ \_/ \_
- how the medication works?  \_/ \_/ \_
- the general principles of anti-epileptic drug therapy?  \_/ \_/ \_
- the importance of compliance?  \_/ \_/ \_
- about possible side effects?  \_/ \_/ \_
- about drug interactions including over the counter medicines?  \_/ \_/ \_
- the formulation and dose of drug?  \_/ \_/ \_
- the license status?  \_/ \_/ \_
- the reasons for taking the same brand of medication?  \_/ \_/ \_
- that the medication is free of charge on the NHS?  \_/ \_/ \_

Does the patient / carer know what to do if:

- a dose is missed?  \_/ \_/ \_
- a gastrointestinal upset occurs?  \_/ \_/ \_
- a trip abroad is planned?  \_/ \_/ \_

Other treatment options

Is the patient / carer aware of other treatment options such as:

- epilepsy surgery?  \_/ \_/ \_
- vagal nerve stimulator?  \_/ \_/ \_
- other antiepileptic drugs  \_/ \_/ \_

Lifestyle

**Has guidance been given on:**

- leading an active and independent life (avoiding over protection)?  \_/ \_/ \_
- informing educators, employers, insurance companies e.t.c?  \_/ \_/ \_
- the person's rights in relation to education and employment?  \_/ \_/ \_
- the Disability Discrimination Act?  \_/ \_/ \_
- perusing educational opportunities and career aspirations?  \_/ \_/ \_
- the legal restrictions for driving and certain jobs?  \_/ \_/ \_
- travel concessions and allowances?  \_/ \_/ \_
- welfare benefits and entitlements?  \_/ \_/ \_
- the potential trigger factors for seizures?  \_/ \_/ \_
  - alcohol?  \_/ \_/ \_
  - recreational drugs?  \_/ \_/ \_
  - sleep deprivation?  \_/ \_/ \_
  - stress?  \_/ \_/ \_
  - hormones?  \_/ \_/ \_
  - photosensitivity?  \_/ \_/ \_
- psychological issues (perceived stigma, self-esteem)?  \_/ \_/ \_/ \_

- coping strategies?      □ \_/ \_/ \_
- social and sexual relationships?      □ \_/ \_/ \_
- family planning?      □ \_/ \_/ \_
- parenthood?      □ \_/ \_/ \_
- childcare?      □ \_/ \_/ \_
- the need for further consultation for women with epilepsy?      □ \_/ \_/ \_
- safety in the home (e.g. fires, bathing, stairs, cooking)?      □ \_/ \_/ \_
- safety / risk for sport and recreation (e.g. swimming, cycling)?      □ \_/ \_/ \_
- safety in the workplace (e.g. heights, operating machinery)?      □ \_/ \_/ \_
- epilepsy identity cards / talisman?      □ \_/ \_/ \_
- independent living, sheltered housing and residential care?      □ \_/ \_/ \_

Basic information

*Has the patient / carer had:*

- information provided in a format that they can understand?      □ \_/ \_/ \_
- first aid instruction / demonstration?      □ \_/ \_/ \_

Ongoing dialogue

*Has the patient / carer been encouraged to:*

- return with questions?      □ \_/ \_/ \_

- keep a record of seizures?      □ \_/ \_/ \_
- report changes in seizure pattern and general health?      □ \_/ \_/ \_

Further help and support

*Is the patient / carer aware that additional information and support is available from:*

- the various statutory and voluntary organisations?      □ \_/ \_/ \_
- the Epilepsy Nursing Service?      □ \_/ \_/ \_
- benefits advisory centers?      □ \_/ \_/ \_

**Referrals**

- Neurologist      □ \_/ \_/ \_
- Epilepsy counsellor      □ \_/ \_/ \_
- Other counsellor e.g. GP practice      □ \_/ \_/ \_
- Cognitive Behavioural Therapist (study)      □ \_/ \_/ \_
- Psychologist (psychometry)      □ \_/ \_/ \_
- Psychiatrist      □ \_/ \_/ \_
- Community mental health team      □ \_/ \_/ \_
- Community team for people with physical disabilities      □ \_/ \_/ \_
- Community team for people with learning disabilities      □ \_/ \_/ \_
- Social services      □ \_/ \_/ \_
- Occupational therapist      □ \_/ \_/ \_
- Dietician      □ \_/ \_/ \_
- Dentist      □ \_/ \_/ \_
- Ophthalmologist      □ \_/ \_/ \_
- Other(s)      □ \_/ \_/ \_

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**Progress of referral(s) (return visit)**

**Initial consultation / first visit to clinic on: \_\_/\_\_/\_\_**

**Comments**

**Management plan**

**Follow up arrangements / date of next appointment**

**Signature ----- Date -----**

**Follow up appointment / return visit to clinic on: \_\_/\_\_/\_\_**

**Comments**

**Management plan**

**Follow up arrangements**

**Signature ----- Date -----**