

## Supplementary Form for Seizures/Possible Seizures

This information will become part of the patient's permanent records, and as with all information, will remain confidential. Please fill out as accurately as possible.

Child's name:

DOB:

Please indicate when the spells started:

How frequently do the spells occur?

Please describe the spells in detail. If more than one type of spell or seizure, please describe:

How long does the spell/seizure last? If more than one type, please length of time for each:

Please indicate whether the patient has tried/participated in any of the following:

Y	N	Symptom
		Ketogenic diet
		Vagus nerve stimulator; if yes, where implanted:
		Evaluation at an epilepsy center; if yes, location:
		Epilepsy surgery; if yes, location:

Please list all medications tried or currently taking:

√	Medication	√	Medication
	Tegretol (carbamazepine)		Neurontin (gabapentin)
	Tegretol XR		Phenobarbital
	Carbatrol		Prednisone
	Depakote/Depakene (valproic acid)		Primidone (mysoline)
	ACTH		Pyridoxine (Vitamin B6)
	Ativan (lorazepam)		Riboflavin (Vitamin B2)
	Banzel (Rufinamide)		Sabril (vigabatrin)
	Celontin (methsuccimide)		Topamax (topiramate)
	Diastat (rectal diazepam)		Trileptal (oxcarbazepine)
	Dilantin (phenytoin)		Valium (diazepam)
	Felbatol (felbamate)		Vimpat (lacosamine)
	Gabapril (gabapentin)		Zarontin (ethosuximide)
	Keppra (levetiracetam)		Zonegran (zonisamide)
	Lamictal (lamotrigine)		

Has the patient missed school, work, or important activities because of the spells?      No      Yes

If yes, how often and for how many days?

Is there anyone in the family who has had seizures or epilepsy?      No      Yes

If yes, please list:

Has the patient ever had an MRI scan or CT?      No      Yes

If yes, please indicate location:

Is there anyone in the family who gets headaches or has a known migraine disorder?      No      Yes

If yes, please list:

Has the patient ever had an MRI scan or CT?      No      Yes

If yes, please indicate location:

Has the patient seen any other neurologist(s) for the spells?      No      Yes

If yes, please list names:

Signature:

Date:

Thank you for taking your time to complete this form. We look forward to meeting you and your child at his/her appointment.