

Epilepsy History Form
(to be completed by the pediatric neurologist/epileptologist)

Patient Contact Information:

First, Middle & Last Name _____

Health Card Number + version code _____

DOB (dd-Month-yr) _____

Mailing Address _____

Epilepsy History:

1. Etiology: _____

2. Epilepsy syndrome: _____

3. Age of onset (first seizure): first febrile seizure _____ first afebrile seizure _____

4. Seizure types over the course of the illness: _____

5. Present seizure control with seizure descriptions and frequency

(date of most recent by type) _____

6. Precipitating factors: _____

7. Neurological examination and intellectual assessment:

a) Neurological exam:

___ Normal or ___ abnormal (Explain abnormal findings) _____

b) Intellectual evaluation:

___ Normal intelligence ___ Mild learning disability ___ Moderate or severe intellectual disability

Intellectual evaluation was determined by:

___ Pediatrician in the clinic ___ School reports ___ Psychiatrist ___ Psychologist

___ Other (explain) _____

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Psychiatric co-morbidities

☐ None ☐ Depression ☐ Anxiety ☐ Psychosis ☐ Autism Spectrum Disorder

☐ Other (explain) _____

Psychiatric evaluation completed by:

☐ Patient self-assessment ☐ Psychiatrist ☐ Social worker ☐ Not done

☐ Other (explain) _____

8. CT results and dates _____

9. MRI results and dates _____

10. EEG summary of significant findings over the years and date of most recent EEG

11. Video EEG: ☐ Not done ☐ Done (Please attach all test results)

12. MEG: ☐ Not done ☐ Done (Please attach all test results)

13. SPECT: ☐ Not done ☐ Done (Please attach all test results)

14. PET: ☐ Not done ☐ Done (Please attach all test results)

15. Metabolic tests: ☐ Not done ☐ Done (Please attach all test results [positive and negative])

16. Genetic tests: ☐ None done ☐ Done: Date _____ Type _____
Results _____ (Please attach all test results)

17. Surgery: ☐ Not done ☐ Done

Date of surgery (dd-mm-yr): _____ Hospital name _____

Type of surgery _____ Pathology Report _____

18. Seizure control 1 year after surgery: _____

Current seizure control: _____

19. Neuromodulation: ☐ Not done ☐ Done

VNS or other device: implanted at the age of _____

Battery replaced at the age of _____ Battery not replaced _____

Seizure control after VNS implantation: _____

20. Ketogenic or other diet for epilepsy:

☐ Never done ☐ Tried between the ages of _____ and _____.

Results: _____

Reasons for discontinuation: _____

Plans to continue on the diet? ☐ Yes ☐ No

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21. Longest seizure-free interval _____

22. Antiepileptic drugs (AEDs) used previously, top dosage and reason for discontinuation: _____

23. Present AEDs and length of time on this regime at the time of transfer

24. Rescue medications presently used: _____

25. Other medications/supplements used regularly:

Calcium/vitamin D _____ Folic acid (dose) _____

Others: _____ Contraception (type) _____

26. Episodes of status epilepticus or non-convulsive status _____ negative _____ positive
(explain how many times, triggers, previous treatment successes and failures)

27. History of cluster of seizures: _____ negative _____ positive
(explain seizure type, duration and rescue medication)

28. Febrile seizure history _____

29. Family history of epilepsy or other relevant conditions _____

30. Other significant medical conditions/Co-morbidities _____

Physician Name: _____

Signature: _____

OHIP provider#: _____

Contact Information: _____