

# Epilepsy questionnaire - Physician

Full name of applicant:

Application number:

1. Please state the type of epilepsy.

2. When did the first attack take place?

3. What is/was the cause of the epilepsy?

4. Are attacks precipitated by any particular factor, such as alcohol, stress, etc.? Yes  No   
If YES, please provide details.

5. Regarding the frequency and severity of attacks:

a) How many attacks have there been in the last 12 months?

b) When was the last attack reported?

c) Has your patient ever been hospitalised due to their epilepsy? Yes  No   
If YES, please advise details and dates.

d) Have there been any episodes of status epilepticus? Yes  No   
If YES, please advise details and dates.

6. Has your patient had an EEG, CT or MRI scan or other such investigation? Yes  No   
If YES, please provide details including dates of investigations and results

7. Please provide details of treatment given and patient compliance with their drug regime:

a) Currently, including drug names and dosage.

b) If this has changed in the last two years, advise in what way and why.

8. Because of their epilepsy, does your patient's occupation present any special hazard, or is your patient in any way limited from performing any particular duties or responsibilities? Yes  No

If YES, please give details.

9. Please give details of any time off work due to epilepsy or associated symptoms.

10. Please comment on any other factors or co-morbid conditions which may influence the prognosis of the epilepsy, such as alcohol abuse, abnormal mental state, etc.

Signature

Date

Please print name and add clinic stamp