

S Subjective

1 PATIENT IDENTIFICATION

| | | | |
|-------------------------------|-------|---------------------|-------|
| Name: | _____ | DOB / Age: | _____ |
| Sex: | _____ | MRN: | _____ |
| Date of Visit: | _____ | Referring Provider: | _____ |
| Neurologist / Epileptologist: | _____ | Accompanied by: | _____ |

2 CHIEF COMPLAINT

Primary concern: _____

Duration of symptoms: _____

3 HISTORY OF PRESENT ILLNESS

ONSET & TIMELINE

| | | | |
|------------------------|-------|---------------------|-------|
| Date of first seizure: | _____ | Course since onset: | _____ |
| Last seizure date: | _____ | Seizure frequency: | _____ |

AURA / WARNING SYMPTOMS

Sensory (unusual smells, tastes, visual phenomena, tingling), autonomic (epigastric sensation, palpitations, sweating), psychic (fear, déjà vu, jamais vu)...

ICTAL FEATURES

Loss of consciousness/impaired awareness, tonic stiffening, clonic jerking, automatisms (lip smacking, picking), behavioural arrest/staring, eye deviation, vocalization, drooling, tongue biting, cyanosis/apnea. Seizure duration...

POSTICTAL SYMPTOMS

Confusion, fatigue, headache, weakness, speech difficulty, sleepiness. Duration of recovery...

SEIZURE TRIGGERS

Sleep deprivation, stress, flashing lights, alcohol, medication non-adherence, illness/fever, metabolic disturbances...

INJURY DURING SEIZURES

Falls, head trauma, tongue biting, fractures, burns, urinary or bowel incontinence...

FUNCTIONAL IMPACT

Driving restrictions, occupational limitations, school performance, impact on independence and daily activities...

4 SEIZURE CLASSIFICATION

Seizure type(s): _____

Classification (ILAE): _____

5 SEIZURE CONTROL STATUS

Last seizure date: _____

Current seizure frequency: _____

Change since last visit: _____

6 HISTORY OF STATUS EPILEPTICUS

History of prolonged seizure (>5 min): _____

Hospitalisation / ICU admission: _____

7 PRIOR NEUROLOGICAL EVALUATION

Emergency visits, hospitalisations, prior neurology consultations...

8 PAST MEDICAL HISTORY

Epilepsy/prior seizure disorder, childhood febrile seizures, TBI, stroke, brain tumour, CNS infections, developmental delay, neurodegenerative/genetic/metabolic conditions, hypertension, diabetes, autoimmune disorders...

9 PAST SURGICAL HISTORY

Brain surgery, epilepsy surgery (e.g. temporal lobectomy), neuromodulation devices, VP shunt, other significant surgeries...

10 MEDICATIONS

CURRENT ANTISEIZURE MEDICATIONS

Levetiracetam, valproate, lamotrigine, carbamazepine, oxcarbazepine, topiramate, phenytoin, lacosamide, zonisamide, clobazam — include dose and adherence...

RESCUE MEDICATIONS

Diazepam, midazolam — include dose and instructions...

OTHER MEDICATIONS

Psychiatric, sleep, OTC medications. Note side effects...

11 ALLERGIES

Medication allergies: _____

Reaction type: _____

Latex / contrast allergies: _____

12 SOCIAL HISTORY

Occupation: _____ Alcohol use: _____

Driving status: _____ Recreational drug use: _____

Living situation: _____ Sleep habits: _____

Smoking status: _____ Stress level: _____

Seizure safety precautions: _____

13 FAMILY HISTORY

Epilepsy, febrile seizures, genetic epilepsy syndromes, migraine, neurodevelopmental disorders...

14 REVIEW OF SYSTEMS

NEUROLOGICAL

Seizures, episodes of loss of awareness, abnormal movements, headaches, dizziness, weakness, numbness, memory changes...

PSYCHIATRIC / COGNITIVE

Depression, anxiety, mood instability, behavioural changes, cognitive concerns...

CARDIOVASCULAR

Symptoms suggestive of syncope or arrhythmia...

SLEEP / GENERAL

Insomnia, hypersomnia, sleep apnea, fever, fatigue, weight changes...

Objective

15 VITAL SIGNS

BP: _____ HR: _____ RR: _____
Temperature: _____ O₂ Sat: _____

16 GENERAL PHYSICAL EXAMINATION

General appearance: _____
Level of distress: _____
Signs of seizure-related trauma: _____
Gait: _____

17 NEUROLOGICAL EXAMINATION

MENTAL STATUS

| DOMAIN | FINDINGS |
|-------------------------|----------|
| Orientation & alertness | _____ |
| Attention & memory | _____ |
| Language | _____ |
| Mood & affect | _____ |

CRANIAL NERVES (I–XII)

Visual fields, eye movements, facial symmetry, hearing, palate elevation, shoulder strength, tongue movement...

MOTOR EXAMINATION

| FINDING | DETAILS |
|-----------------------------|---------|
| Muscle strength (0–5 scale) | _____ |
| Muscle tone & bulk | _____ |
| Focal deficits | _____ |

SENSORY EXAMINATION

Light touch, pain, vibration, proprioception...

REFLEXES

| REFLEX | RIGHT | LEFT |
|-------------------|-------|-------|
| Biceps | _____ | _____ |
| Triceps | _____ | _____ |
| Brachioradialis | _____ | _____ |
| Patellar | _____ | _____ |
| Achilles | _____ | _____ |
| Babinski / Clonus | _____ | _____ |

COORDINATION & GAIT

| TEST | FINDINGS |
|-----------------------------|----------|
| Finger-to-nose | _____ |
| Heel-to-shin | _____ |
| Rapid alternating movements | _____ |
| Balance & gait | _____ |
| Romberg test | _____ |

18 DIAGNOSTIC STUDIES

ELECTROENCEPHALOGRAPHY (EEG)

Findings: epileptiform discharges, focal slowing, generalised abnormalities...

NEUROIMAGING

MRI brain findings (structural lesions, hippocampal sclerosis, cortical dysplasia, tumours, vascular abnormalities), CT brain if performed...

LABORATORY STUDIES

Electrolytes, metabolic panel, toxicology screen, infection markers, genetic testing if indicated...

A Assessment

19 CLINICAL SUMMARY

Synthesis of seizure history, examination findings, and diagnostic studies...

20 PRIMARY DIAGNOSIS

Diagnosis: _____

Epilepsy aetiology: _____

21 DIFFERENTIAL DIAGNOSIS

Syncope, psychogenic non-epileptic seizures, metabolic disturbances, sleep disorders...

22 RISK ASSESSMENT

Seizure recurrence risk: _____

SUDEP risk / other complications: _____

P Plan

23 MEDICAL MANAGEMENT

Initiation or adjustment of antiseizure medications. Review adherence and side effects. Monitor therapeutic drug levels if applicable. Rescue medication plan for prolonged seizures...

24 DIAGNOSTIC PLAN

Repeat EEG, prolonged video EEG monitoring, MRI brain, laboratory evaluation...

25 NON-PHARMACOLOGIC MANAGEMENT

Adequate sleep, stress reduction, avoidance of triggers, dietary therapy if appropriate...

26 SEIZURE SAFETY COUNSELLING

Driving restrictions, swimming safety, avoiding heights and dangerous machinery, supervision during high-risk activities...

27 SURGICAL EVALUATION (IF INDICATED)

Referral for drug-resistant epilepsy evaluation. Possible interventions: resective surgery, laser ablation, VNS, RNS, DBS...

28 SEIZURE MONITORING

Seizure diary maintenance, caregiver observation, wearable monitoring if applicable...

29 PATIENT EDUCATION

Epilepsy diagnosis, medication adherence, seizure first aid, warning signs requiring urgent care...

30 FOLLOW-UP

Return in: _____

Earlier if: _____

Notes: _____

PROVIDER SIGNATURE

Provider name: _____ Date & Time: _____

Signature: _____ Credentials / NPI: _____