

NEUROLOGY SEIZURE HISTORY QUESTIONNAIRE

TODAY'S DATE _____

NAME OF PATIENT _____

AGE _____ BIRTH DATE _____

WHEN WAS THE FIRST SEIZURE _____

ANY WARNING SIGNS BEFORE A SEIZURE _____

EVENTS THAT TRIGGER SEIZURES _____

CURRENT MEDICATIONS _____

PLEASE LIST MEDICATIONS, DOSAGES, DURATION, AND ANY REACTION (IN THE PAST)

1. _____ 2. _____

2. _____ 4. _____

LONGEST SEIZURE FREE PERIOD AND WHEN _____

HOW LONG WAS THE LONGEST SEIZURE AND WHEN _____

DESCRIBE THE EVENTS THAT OCCUR MINUTES BEFORE, DURING, AND AFTER THE SEIZURE _____

HOW LONG DOES A SEIZURE USUALLY LAST _____

USUAL FREQUENCY OF SEIZURES IN A DAY, WEEK, OR MONTH _____

MAXIMUM FREQUENCY OF SEIZURES IN A DAY, WEEK, OR MONTH AND WHEN _____

TYPES OF SEIZURES YOU HAVE NOTED _____

NUMBER OF TIMES ADMITTED TO THE HOSPITAL FOR SEIZURES _____

ANY HISTORY OF: BRAIN SURGERY / ENCEPHALITIS / BRAIN ABNORMALITY /

MENINGITIS / HEAD INJURY WITH LOSS OF CONSCIOUSNESS AND VOMITTING

LAST EEG _____ NORMAL / ABNORMAL

LAST CAT, MRI, OR PET SCAN OF THE BRAIN _____ NORMAL / ABNORMAL

ANYTHING ELSE YOU WANT TO EXPLAIN ABOUT THE SEIZURES _____