

| PERSONAL EPILEPSY PROFILE | | DATE: | DOB: |
|--|--|---|------|
| Name: | | | |
| Date of Epilepsy diagnosis: | | | |
| Epilepsy syndrome (epilepsy type): | <input type="checkbox"/> Childhood Absence Epilepsy <input type="checkbox"/> Childhood Epilepsy with Centro-temporal Spikes (Benign Rolandic Epilepsy) <input type="checkbox"/> Dravet Syndrome <input type="checkbox"/> Early Myoclonic Encephalopathy <input type="checkbox"/> Epileptic Encephalopathy of infancy and childhood <input type="checkbox"/> Epileptic Spasms <input type="checkbox"/> Familial Infantile epilepsy <input type="checkbox"/> Febrile Seizures Plus <input type="checkbox"/> Frontal lobe epilepsy <input type="checkbox"/> Focal Epilepsy (Genetic) <input type="checkbox"/> Focal Epilepsy (Structural/lesion) <input type="checkbox"/> Focal Epilepsy (Cause unknown) <input type="checkbox"/> Generalised Tonic-Clonic Seizures alone <input type="checkbox"/> Juvenile Absence Epilepsy <input type="checkbox"/> Juvenile Myoclonic Epilepsy | <input type="checkbox"/> Landau-Kleffner <input type="checkbox"/> Lennox Gastaut <input type="checkbox"/> Mesial Temporal lobe epilepsy <input type="checkbox"/> Myoclonic Absence Epilepsy <input type="checkbox"/> Myoclonic-Astatic Epilepsy <input type="checkbox"/> Non-familial Infantile Epilepsy <input type="checkbox"/> Occipital lobe epilepsy <input type="checkbox"/> Ohtahara Syndrome <input type="checkbox"/> Panayiotopoulos Syndrome <input type="checkbox"/> Parietal lobe epilepsy <input type="checkbox"/> Photic-sensitive epilepsy <input type="checkbox"/> Rasmussen's Syndrome <input type="checkbox"/> Status Epilepticus <input type="checkbox"/> Temporal lobe epilepsy OTHER: | |
| Cause of epilepsy: | <input type="checkbox"/> Genetic <input type="checkbox"/> Structural <input type="checkbox"/> Metabolic | <input type="checkbox"/> Immune <input type="checkbox"/> Infectious <input type="checkbox"/> Unknown | |
| Seizure Type/s (tick as many as apply): | GENERALISED <input type="checkbox"/> Absence (blank / staring) <input type="checkbox"/> Atonic (floppy / drop) <input type="checkbox"/> Clonic (rhythmic jerking) <input type="checkbox"/> Tonic (stiff) <input type="checkbox"/> Tonic-Clonic (stiff + jerking) <input type="checkbox"/> Myoclonic (brief jerking) | FOCAL <input type="checkbox"/> Focal (with awareness) <input type="checkbox"/> Focal (without awareness) <input type="checkbox"/> Focal evolving to bilateral (focal, then becoming stiff + jerking) OTHER: | |
| Seizure Triggers (tick as many as apply): | <input type="checkbox"/> Alcohol <input type="checkbox"/> Flashing Lights <input type="checkbox"/> Low Blood Sugar <input type="checkbox"/> Time of Day <input type="checkbox"/> Caffeine <input type="checkbox"/> Illness/fever <input type="checkbox"/> Menstrual Cycle | <input type="checkbox"/> Stress <input type="checkbox"/> Drug use <input type="checkbox"/> Lack of sleep <input type="checkbox"/> Missed Medication OTHER: | |
| Seizure Auras: <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe: | | |

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| Previous EEG: <input type="checkbox"/> Yes <input type="checkbox"/> No | Major EEG finding: | | | |
| Previous MRI brain: <input type="checkbox"/> Yes <input type="checkbox"/> No | Major MRI finding: | | | |
| Other Results: (e.g. PET, LP, Bloods, CT, Genetic panel) | Note all MAJOR results: | | | |
| CURRENT medications and when to take them: | Medication name: | Current Dose: | Formulation: (e.g. tablet, capsule, syrup, sprinkles, CR) | Time of dose (e.g. 8am & 8pm) |
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| PREVIOUS medications & side-effects: | Medication name: | Max Dose reached: | Adverse effects: | |
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| Other medical conditions: | <i>(e.g. Autism, ADHD, learning difficulty, TS, etc.)</i> | | | |
| Doctor's Signature: | | | | |