

# 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 \_\_\_\_\_