MD Neurology

Seizure Questionnaire

Name:________________________ **DOB:**________ **Date:** ________

Check all relevant symptoms/problems that relate to you:

☐ History of seizures with a high fever as a child (febrile seizures).

Last major seizure: ______ ☐days ☐ weeks ☐months ☐years ago.

Frequency of major seizures: ______ ☐ per week ☐ month ☐year.

Last minor seizure: ______ ☐days ☐weeks ☐months ☐years ago.

Frequency of minor seizures: ______ ☐ per week ☐ month ☐year.

Episodes of: ☐ de-realization ☐out of body experiences.

☐ Falling out of bed

☐ Face twitching in the morning ☐ Arm twitching in the morning

☐ Staring Spells

☐ Family history of seizures (who?__________________)

Seizures are provoked by:

☐ Flashing lights ☐Not Sleeping ☐ Not Eating

☐ Stress ☐ Fever ☐Allergies ☐Pain

Seizures start with an aura of:

☐Rising sensation ☐ Slurred Speech ☐ Shortness of Breath

☐Bad Smell ☐ Confusion ☐ Palpitation

☐Fear ☐ Tremor ☐ Sweating

☐Flashing Light ☐ Dizziness ☐ Scream

☐Tunnel Vision

☐Tingling (where?__________________)

☐Pain (where?__________________)

☐Twitching (where?__________________)

Current Seizure Medications:

☐ Dilantin ☐ Zonegran ☐Ativan

☐ Phenobarbital ☐ Trileptal ☐Clobazam

☐ Tegretol ☐ Lamictal ☐Diamox

☐ Mysoline ☐ Keppra ☐ACTH

☐ Depakote ☐ Topamax ☐Detogenic Diet

☐ Zarontin ☐ Felbatol ☐Vimpat

Other:____________________________

Prior seizure medications:

- ☐ Dilantin ☐ Zonegran ☐ Ativan
- ☐ Phenobarbital ☐ Trileptal ☐ Clobazam
- ☐ Tegretol ☐ Lamictal ☐ Diamox
- ☐ Mysoline ☐ Keppra ☐ ACTH
- ☐ Depakote ☐ Topamax ☐ Detogenic Diet
- ☐ Zarontin ☐ Felbatol ☐ Vimpat

Other:______________________________

Seizures consist of :

Shaking of: ☐ both sides ☐ right side ☐ left side ☐ head ☐ trunk

- ☐ loss of consciousness ☐ turning to one side ☐ sweating
- ☐ staring ☐ raising arm ☐ screaming
- ☐ confusion ☐ foaming at mouth ☐ head banging
- ☐ can hear but can't respond ☐ noisy breathing ☐ biting tongue
- ☐ loss of vision ☐ rigidity ☐ wetting pants
- ☐ picking at clothes ☐ turning pale ☐ smacking lips
- ☐ blinking eyes ☐ turning red ☐ flailing arms

After the seizure, patient is:

Confused for:______ ☐ minutes ☐ hours ☐ Not Confused

Weak: ☐ both sides ☐ right side ☐ left side ☐ head ☐ trunk

Numb: ☐ both sides ☐ right side ☐ left side ☐ head ☐ trunk

- ☐ Agitated ☐ Blurred vision ☐ Headache
- ☐ Sleepy ☐ Can't talk right ☐ Irritable
- ☐ Depressed ☐ Angry ☐ Euphoric

Other:______________________________

Seizures began following:

- ☐ Head injury ☐ Car Accident ☐ Meningitis
- ☐ Encephalitis ☐ Stroke ☐ Bleeding in Brain
- ☐ Brain Tumor ☐ High Fever

Drug Reaction (to: ______________________________)

Are you taking any of these medications or drugs?

- ☐ Theophylline ☐ Wellbutrin / Bupropion ☐ Ultram / Ultracet / Tramadol
- ☐ Effexor / Venlafaxine ☐ Cocaine ☐ Alcohol