

Epilepsy Consultation Guide

This guide can be used to as a tool to assist you in preparing for your next appointment with your GP

My Name: _____

Topic	My Epilepsy – Issues for me to consider	My Notes / Questions for my GP
Seizure	I had my last seizure on:	
Seizure Type	I describe my seizures as:	
Frequency	I feel my seizures are well controlled: YES NO	
Follow up	How often should I see my Neurologist/ Epilepsy Nurse/ GP about my epilepsy?	
Medication		
Anti-Seizure Medication	I use the following to control my seizures (list opposite)	Current Anti-Seizure Medications / VNS / Other:
Medicines Adherence	I take my medication: As prescribed Mostly Not very often	
Side effects	Do I experience any side effects from my medication?	
Drug – drug interaction	If I am taking other medication, can I take it safely alongside my epilepsy medication? YES NO	
Mental Health		
Mood	Does my epilepsy affect my mood?	
Stigma	Does epilepsy affect the way I live my life?	
Safety		
Recreational Activities	Do any of my leisure activities carry seizure risks? Y N	
Occupation	Do my employers know of my epilepsy? Y N	
Education	Does my tutor / teacher know about my epilepsy? Y N	
Seizure Management	Am I aware of what my seizure triggers are (tiredness / alcohol / stress etc.)? Y N	
	Am I prepared / have I a safety plan? Y N	
	Is my family prepared if I have a seizure? Y N	
	Have I been prescribed Buccal Midazolam? Y N	
Driving	Does my epilepsy affect my ability to drive? Y N	
Women's Health		
Contraception	Do I use contraception? Do my epilepsy medications effect my contraception?	
Medicines	Do I have concerns about my epilepsy medication affecting a pregnancy?	
Pregnancy	Is pregnancy something I am considering? If I'm considering pregnancy, am I prepared? Am I taking my prescribed dose of Folic Acid daily?	