



ANZAN – ESA Epilepsy & Seizure data form

PRIVATE DRIVERS



- Instructions:
1. Fill in patient name & date of birth
 2. Fill in Sections 1-7 and, if relevant 8-13
 3. Sign and date the form
 4. Ask the patient to sign the consent section of the DPTI form
 5. Strike through the Certification section of the DPTI form
 6. Send WITH the patient's DPTI form to Fax 08 8402 1977

Patient name D.O.B. / /

You **MUST** fill in 1-7. Other sections should be filled in if relevant.

1. How long have you treated this patient?YM
2. Date of last seizure? / /
3. Was the last seizure more than 12 months ago? YES NO
4. Have there been any issues around compliance with medical advice brought to your attention in the last 12 months? YES NO
 └─> Attach details.
5. Will the dose of ANY anti-epileptic medication be reduced?
 YES NO NOT TAKING ANTI-EPILEPTIC THERAPY
 └─> Is this because of dose-related side-effects? YES NO
6. Has a seizure resulted in a crash within the last 12 months? YES NO
7. Is there any additional information the driver licensing authority should consider when assessing this patient's fitness to drive? YES NO
 └─> Attach to this form

8. **First seizure:** Has the patient had only a single seizure? YES
9. **Acute symptomatic seizures:** Did all seizures occur during a SINGLE temporary brain disorder or metabolic disturbance (e.g. head injury, drug/alcohol withdrawal) in a person without ANY previous seizures? YES
10. **Newly-diagnosed:** Was treatment started in the last 18 months? YES
 Date treatment started? / /

Patient name

11. **Previously well-controlled:** Were there any seizures in the 12 months leading up to the *last* seizure? YES NO
↳ Was this last seizure provoked (e.g. sleep deprivation, fever, pro-convulsant medication, non-compliance, change of therapy)? YES NO
↳ Is this likely to recur? YES NO
↳ Has this happened before? YES NO

12. **Sleep-only seizures:** Has there EVER been a seizure while awake?
 YES NO
↳ Was the 1st seizure more than 12 months ago? YES NO
↳ Has there been a seizure while awake within the last 24 months?
 YES NO
↳ Was the 1st sleep seizure more than 24 months ago? YES NO

13. **“Safe” seizures:** Have ONLY “safe seizures” occurred in the last 2 years i.e. Seizures that would not impair driving ability (this requires intact consciousness and ability to control the vehicle in an emergency)?
 YES NO
↳ Has preservation of responsiveness been tested by a reliable witness or during video-EEG monitoring?
 YES NO

Signature Date/...../20.....

Name

AHPRA No: ...MED

Practice Address

Telephone

e-mail