

<b>PERSONAL EPILEPSY PROFILE</b>		<b>DATE:</b>	<b>DOB:</b>
<b>Name:</b>			
<b>Date of Epilepsy diagnosis:</b>			
<b>Epilepsy syndrome (epilepsy type):</b>	<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  <b>OTHER:</b>	
<b>Cause of epilepsy:</b>	<input type="checkbox"/> Genetic <input type="checkbox"/> Structural <input type="checkbox"/> Metabolic	<input type="checkbox"/> Immune <input type="checkbox"/> Infectious <input type="checkbox"/> Unknown	
<b>Seizure Type/s (tick as many as apply):</b>	<b>GENERALISED</b> <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)	<b>FOCAL</b> <input type="checkbox"/> Focal (with awareness) <input type="checkbox"/> Focal (without awareness) <input type="checkbox"/> Focal evolving to bilateral (focal, then becoming stiff + jerking)  <b>OTHER:</b>	
<b>Seizure Triggers (tick as many as apply):</b>	<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  <b>OTHER:</b>	
<b>Seizure Auras:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>		

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