Paediatric Epilepsy Network NEW SOUTH WALES

The Sydney children's Hospitals Network

PERSONAL EPILEPSY PROFILE

DATE:		DOB:	

Name:		
Date of Epilepsy diagnosis:		
Epilepsy syndrome (epilepsy type):	**Focal Epilepsy Syndromes:** ☐ Focal Epilepsy: Frontal Lobe ☐ Focal Epilepsy: Temporal Lobe ☐ Focal Epilepsy: Parietal Lobe ☐ Focal Epilepsy: Occipital Lobe ☐ Focal Epilepsy: Not otherwise specified ☐ Familial Mesial Temporal Lobe Epilepsy ☐ Mesial Temporal Lobe Epilepsy with Hippocampal Sclerosis ☐ Self-limited Epilepsy with Autonomic Features (Panayiotopoulos Syndrome) ☐ Self-limited Epilepsy with Centro-temporal Spikes ☐ Self-limited (Familial) Neonatal Epilepsy ☐ Self-limited (Familial) Infantile Epilepsy ☐ Sleep-related Hypermotor (Hyperkinetic) Epilepsy **Generalised Epilepsy Syndromes:** ☐ Childhood Absence Epilepsy ☐ Epilepsy with Eyelid Myoclonia ☐ Epilepsy with Myoclonic Absences ☐ Generalised Tonic-Clonic Seizures Alone ☐ Juvenile Absence Epilepsy ☐ Juvenile Myoclonic Epilepsy ☐ Myoclonic Epilepsy in Infancy	**Generalised and Focal Epilepsy Syndromes:** ☐ Genetic Epilepsy with Febrile Seizures Plus (GEFS+) **Syndromes with Developmental and Epileptic Encephalopathy (DEE) or Progressive Neurological Deterioration:** ☐ Infantile Epileptic Spasm Syndrome ☐ Dravet Syndrome ☐ DEE with Spike Wave Activation in Sleep ☐ Early Infantile DEE ☐ Lennox Gastaut ☐ Epilepsy in Infancy with Migrating Focal Seizures ☐ Epilepsy with Myoclonic-Atonic Seizures ☐ Febrile Infection-Related Epilepsy Syndrome ☐ Gelastic Seizures with Hypothalamic Hamartoma ☐ Hemiconvulsion-Hemiplegia Epilepsy ☐ Progressive Myoclonus Epilepsy ☐ Rasmussen's Syndrome ☐ **Unknown** ☐ **Other:**
Cause of epilepsy:	☐ Genetic ☐ Structural ☐ Metabolic	☐ Immune ☐ Infectious ☐ Unknown
Seizure Type/s (tick as many as apply):	**Generalised** ☐ Absence (blank / staring) ☐ Atonic (floppy / drop) ☐ Clonic (rhythmic jerking) ☐ Myoclonic (brief jerking) ☐ Tonic (stiff) ☐ Tonic-Clonic (stiff + jerking)	**Focal** ☐ Focal (with awareness) ☐ Focal (without awareness) ☐ Focal evolving to bilateral convulsive (focal, then becoming stiff + jerking) ☐ **Other:**
Seizure Auras: ☐ **Yes** ☐ **No**	**Describe:**	

Seizure Triggers (tick as many as apply):	☐ Alcohol ☐ Flashing Lights ☐ Low Blood Sugar ☐ Time of Day ☐ Caffeine ☐ Illness/fever	☐ Menstrual Cycle ☐ Stress ☐ Drug use ☐ Lack of sleep ☐ Missed Medication ☐ Other:
Previous EEG: ☐ **Yes** ☐ **No**	**Major EEG finding:**	
Previous MRI brain: ☐ **Yes** ☐ **No**	**Major MRI finding:**	
Other Results: (e.g. PET, LP, Bloods, CT, Gene panel)	**Note all MAJOR results:**	

	Medication name:	**Current Dose:**	**Formulation: (e.g. tablet, capsule, syrup, sprinkles, CR)**	**Time of dose (e.g. 8am & 8pm)**
CURRENT medications and when to take them:				

	Medication name:	**Max Dose reached:**	**Adverse effects:**
PREVIOUS medications & side-effects:			

Other medical conditions:	*(e.g. Autism, ADHD, learning difficulty, TS, etc.)*
Contact Details of Treating Doctor:	