

My Health Record

The information is used with permission from Dr. Wilner's book, *Epilepsy: 199 Answers: A Doctor Responds to His Patients' Questions*. Andrew N. Wilner MD, FACP. 2003 by Demos Vermande

Have you ever had any of the following problems?

(If you do not know, check with family members and try to complete this list before you see your neurologist.)

Problems at birth? Premature? Low birth weight? Needed an incubator? _____

Problems with development? How old were you when you learned to walk and talk? _____

How much school did you complete? _____

Did you require special classes? _____

Encephalitis (infection in the brain)? _____

Meningitis (infection in the coverings of the brain)? _____

Head injury with loss of consciousness? _____

Febrile seizures (seizures with fever as an infant)? _____

Family member with epilepsy? _____



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Allergies to medications or injections? _____

Medical illness requiring hospitalization? _____

Psychiatric illness (depression, hallucinations)? _____

Problem with drugs or alcohol? _____

Surgery? _____

Can you describe your seizure? Ask a friend or family member to help you:

Do you have a warning? _____

Do you have a convulsion? _____

Do you stare? _____

Do you lose control of your urine? _____

Do you bite your tongue? _____



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Are you tired after a seizure? _____

Do you have a headache afterwards? _____

How often do they occur? _____

Are they more frequent around the time of your period? _____

Do seizures only happen at night? _____

Is there one particular type of event that appears to trigger your seizure? _____

Medications

Write down the medications you take for epilepsy and when you take them:

| Time of Day | Medication #1 (mg) | Medication #2 (mg) | Medication #3 (mg) |
|-------------|--------------------|--------------------|--------------------|
| Morning: | | | |
| Noon: | | | |
| Supper: | | | |
| Bedtime: | | | |



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Do these medications completely control your seizures? Yes No

Do these medications give you any troublesome side effects? Yes No

If you have side effects, what are they? _____

Do you take any other medications for other health problems? List them here: _____

Write down any medications you have tried for epilepsy in the past that did not work: _____

If you have had any of the following tests, write down the results if you know them:

MRI: _____

CAT Scan: _____

EEG: _____



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Important Telephone Numbers:

1. Medical doctor: _____

2. Neurologist: _____

3. Pharmacist: _____

4. Supervisor at work: _____

5. Closest family member: _____

6. Friend who drives: _____

7. Person to call in emergency: _____



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