

Carlisle Healthcare, Spencer House, St Paul's Square, Carlisle, CA1 1DG
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Epilepsy Annual Review Questionnaire

Name:

Address:

Date of Birth:

Date:

How often do you have a seizure? (Please tick a box)

- More than once per day Daily Weekly
Monthly Less often Have not had one for over a year

Date of your last Epileptic Seizure:

Are your seizures:

- During the day
At night
Both night and day

Please confirm what medication you are currently taking to manage your epilepsy.

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Do you suffer any side effects from this medication? Yes No

Do you ever miss any tablets? Yes No

Do you hold a driving licence or drive a car? Yes No

Do you attend hospital for follow-up of your epilepsy? Yes No

Do you have a carer who helps manage your epilepsy? Yes No

If yes, who is your carer?

For female patients under 55 years old:

If you are sexually active and **not taking any contraception, please make an appointment to discuss you contraceptive needs with your doctor** as it is important that you are taking effective contraception whilst on your medication.

What (if any) form of contraception do you use?

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Are you planning a pregnancy? Yes No If the answer to the last question is yes, we strongly recommend that you discuss your medication with your **doctor before starting trying to conceive as it may be necessary to review your medication and you will also need to take additional supplements (folic acid) prior to conception.**