# Questionnaire for Seizure Patient

Please complete all questions in their entirety to the best of your knowledge. The requested information is essential for the NorthShore University HealthSystem staff in determining the most efficient care plan.

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Birth</th>
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## Seizure Information

1. What is the main concern that you would like addressed today?
   
   ____________________________________________  
   ____________________________________________  

2. When was the first event of concern?
   
   ____________________________________________  
   ____________________________________________  

   Please describe the event (how long it lasted, etc…):
   
   ____________________________________________  
   ____________________________________________  

3. Have all of the events been the same? Yes or No If no, please describe all of the events:
   
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  

4. How did you behave after the event?
   
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  

5. How many times has this happened?
   
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  

6. Have you previously seen a neurologist for this issue? Yes or No

7. Have you been on medications for this in the past? Yes or No

8. What treatments/medications have you tried (please include dosage)? Do they work?
   
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  

Past History: Has previous brain imaging (MRI or CT) been performed? Yes or No
Has an EEG been performed?  Yes or No

Is there a Family History of seizures? Yes or No If so, please explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________