BaylorScott&White
NEUROLOGY AT DALLAS
A Baylor Scott & White Health - HealthTexas Affiliate

Seizure Questionnaire

Have you had more than one spell: ☐ no ☐ yes, If yes:

At what age did they start: ________ and are all your spells the same: ☐ no ☐ yes

Describe each of your spell types, if any warning, and how often you have them:

1.____

2.____

3.____

4.____

Any spells associated with: trauma? ☐ no ☐ yes, If yes what did you injure ?

____

Tongue bites: ☐ no ☐ yes

Incontinence: ☐ no ☐ yes, if yes: ☐ Urine ☐ Bowels

What Medications have you taken in the past for your spells and why were they stopped:

_________________________________ _________________________________

_________________________________ _________________________________

_________________________________ _________________________________

Any Epilepsy Brain Surgery ☐ no ☐ yes, If yes, what surgery? when?

____ ________

Any EEG Monitoring ☐ no ☐ yes, If yes, what results were you told? when?

____ ________

Any MRI's of the Brain: ☐ no ☐ yes, If yes, what results were you told? when?

____ ________

Ever have a: PET scan: ☐ no ☐ yes / VNS: ☐ no ☐ yes / Wada ☐ no ☐ yes

Name:____ DOB:______________ Date_______________