

FIRST SEIZURE CLINICS

Epilepsy Team @ The Newcastle upon Tyne Hospital NHS Foundation Trust

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CRITERIA FOR REFERRAL	EXCLUSION CRITERIA
Age 16-and over	Symptomatic seizures (hypoglycaemia, acute trauma, eclampsia, other)
	Non-epileptic attacks
Single Seizure (or Several Seizures but no diagnosis of Epilepsy)	Isolated loss of consciousness without seizure

Referral Date:

Patient's Name:

DOB:

Address:

Daytime contact number:

HISTORY

Seizure Date						
Seizure witnessed	Yes		No	If yes, ask for witness to attend first seizure clinic		
Loss of consciousness	Yes		No			
Jerking	Yes		No			
Symmetrical	Yes		No	If NO which side?		R L
Head turning or version	Yes		No	If YES which side?		R L
Tongue biting	Yes		No			
Sphincter incontinence	Yes		No			
Post ictal confusion	Yes		No	If YES what duration?		
Post ictal paresis	Yes		No	If YES which side?		R L
Signs of infection	Yes		No			
Previous Hx of epilepsy	Yes		No			
Any concomitant acute illness?	Yes		No			
Comments (Please include available results of Blood Tests, ECG, CT scan, MRI or other)						

Doctor and Institution referring patient:

Contact phone number of person responsible for referral: