

EPILEPSY PATIENT CARD

NAME _____

SERIAL No. : _____

AGE _____

SEX _____

OFFICE ADDRESS / HOUSE ADDRESS _____

RURAL / URBAN _____

SOCIO ECONOMIC STATUS LOWER / MIDDLE / UPPER _____

MEDICAL DATA

- a) **Detailed description of attack** GTCS /Simple Partial /complex partial / Partial with Gen. /Absence/Myoclonic/Others
 Tongue bite Incontinance Loss of Consciousness Abnormal Behaviour
- b) **Aura** Present/Absent
- c) **Duration of attack** Less than 5 Min 10 Min 20 30 40 50 1 Hr.
- d) **Postictal state** Present/Absent
- e) **Age at 1st attack (IN YEARS)** 0-5 5-10 10-20 20-30 30-40 40>
- f) **Precipitating factors :** (a) Sleep deprivation _____ (b) TV _____ (c) Physical exertion _____
 (d) Acute stress _____ (e) Non compliance _____ (f) Menstruation _____ (g) Others _____
- g) **Frequency of attack :** Time of attack : Day/Night / Any _____
- i) Whether on antiepileptic with dose and duration of treatment
- | NAME OF DRUG | DOSE | DURATION |
|--------------|------|----------|
| | | |
| | | |
- j) Time elapsed before reporting to doctor after 1st seizure _____
- k) Type of doctor consulted for it: (GP _____, QUACK _____, NEUROLOGIST _____, AYURVED _____
 HOMOEOPATH _____, TANTRIC _____, FAITH HEALERS _____)

Other Complaints

- Headache Abnormal Behaviour Visual problems H/o Trama
- H/o Fever H/o Hospitalisation Vomiting
- Personal History** Alcohol Cigarette Veg. Non Veg.
- Prenatal/Postnata history :** Prematurity Birth Asphyxia Post Mature Normal
- Family History** Epilepsy Mental Retardation Congenital disease

On Examination

Cranial N.

Speech

Motor System

Investigations done

Routine Tests

HMF

Sensory System

Co-ordination

Signs of Meningeal Irritation

Plantars

CSF

E.C.G. :

C.T. Scan :

M.R.I.

Diagnosis : GTCS _____ / Simple Partial _____ / Complex Partial _____ / Partial with Gen. _____ / Absence _____
 / Myoclonic _____ / Other _____ Syndromic diag if any _____.

Treatment & Follow Up :

Date	Follow up			Treatment Prescribed
	Compliance	Seizure Control	Side Effects	