

EPILEPSY

CLIENT NAME: _____

1. List date of first diagnosis/type of seizure:

2. Please note indicate the type of seizure:
 Complex/Partial Seizure
 Tonic-Clonic Seizure
 Absence Seizure
 Myoclonic Seizure

3. Indicate the number or frequency of episodes and date of last episode:

4. Has client been hospitalized for treatment of epilepsy? (give details)

5. Is client on any medication? (if yes give details)

6. What is client's occupation?

7. Does the client have any other major health problems?