

**Robert M. Cain, MD**  
5508 Parkcrest Drive, Suite 310  
Austin, TX 78731

Patient Name: \_\_\_\_\_ Today's  
Date: \_\_\_\_\_

**CHIEF COMPLAINT-EPILEPSY**

	<b><u>LEAVE THIS SIDE BLANK FOR DOCTOR'S USE</u></b>
1. When was your last seizure?	
2. Describe your last seizure.	
3. How long was the seizure?	
4. Were the eyes opened or closed?	
5. Did one side seem more involved than the other?	
6. Did you bite your tongue with the seizure?  Did you have any other injury from the seizure?	
7. Did you lose your urine?	
8. Can you tell the seizure is coming?	
9. Do you have an aura or warning? If so, describe.	

**CHIEF COMPLAINT-EPILEPSY (CONTINUED)**

	<b><u>LEAVE THIS SIDE BLANK FOR DOCTOR'S USE</u></b>
10. What is the longest seizure you have ever had?	
11. How many seizures have you had?	

**BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS**

12. What happens after the seizure?	
13. When was your first seizure in your life?	
14. Do you know how many seizures you have had in your life?	
15. Is there a family history of epilepsy or seizure?	
16. Do you have a history of serious head trauma?	
17. Did you have seizures as a child with fever?	
18. Have you ever been on medication for seizures? _____ If so, what medication? List medications and response to treatment. a. Dilantin b. Tegretol c. Depakote d. Phenobarbital e. Keppra f. Lamictal g. Trileptal h. Topomax i. Zonegran j. Other	

**CHIEF COMPLAINT-EPILEPSY (CONTINUED)**

	<b>LEAVE THIS SIDE BLANK FOR DOCTOR'S USE</b>
19. Are you allergic to any anticonvulsant medication?	
20. Have you had any adverse responses to anticonvulsant medication? If yes, which medication and what were the side effects?	
21. Is there a trigger for these seizures	

**BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS**

that you have identified?	
22. What do you think is the cause of these seizures?	
23. Do you know that you cannot drive for six months following a seizure?	
24. What specific questions do you have about seizures and epilepsy?	
25. Have you had an MRI scan or a CT scan of the brain?  If yes, what was the result of the scan? Where did you have the scan?	
26. Have you had an EEG?  If yes, what was the result of the scan? Where did you have the scan?	

**BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS**