



Talking to Your Epilepsy Specialist

COMPLETE THE FOLLOWING QUESTIONNAIRE AND DISCUSS THIS INFORMATION WITH YOUR NEUROLOGIST OR EPILEPTOLOGIST. THE ANSWERS YOU PROVIDE CAN HELP YOUR NEUROLOGIST RECOMMEND THE BEST TREATMENT AVAILABLE.

Your Medication

Yes No

Are you happy with your current epilepsy treatment?

Are you still experiencing seizures?

Are you taking a birth control pill?

What antiepileptic medications are you using?

Your Seizures

How frequent are your seizures?

What types of seizures do you have?

Self-Examination

All medications have side effects. Keeping track of yours can help your neurologist or epileptologist provide better care and treatment. Let your neurologist know if you have experienced any of the following side effects since your last visit:

	Yes	No
Acne	<input type="checkbox"/>	<input type="checkbox"/>
Change in hair growth or loss	<input type="checkbox"/>	<input type="checkbox"/>
Coordination problems	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding the right word	<input type="checkbox"/>	<input type="checkbox"/>
Digestive problems	<input type="checkbox"/>	<input type="checkbox"/>
Double or blurred vision	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of hopelessness	<input type="checkbox"/>	<input type="checkbox"/>
Headache and drowsiness	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>
Inability to sleep	<input type="checkbox"/>	<input type="checkbox"/>
Irritability	<input type="checkbox"/>	<input type="checkbox"/>
Memory loss	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness/agitation	<input type="checkbox"/>	<input type="checkbox"/>
Psychotic episodes	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness	<input type="checkbox"/>	<input type="checkbox"/>
Tremors	<input type="checkbox"/>	<input type="checkbox"/>
Trouble with mouth, teeth, or gums	<input type="checkbox"/>	<input type="checkbox"/>
Uncontrolled body movement	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Weight gain or loss	<input type="checkbox"/>	<input type="checkbox"/>

It is also important to notify your neurologist of any significant physical changes such as:

Beginning puberty	<input type="checkbox"/>	<input type="checkbox"/>
Going through menopause	<input type="checkbox"/>	<input type="checkbox"/>
Irregular menstruation	<input type="checkbox"/>	<input type="checkbox"/>
Planning to become or becoming pregnant	<input type="checkbox"/>	<input type="checkbox"/>