

## Epilepsy

Epilepsy (seizure disorder) is a neurological disorder resulting from abnormal electrical activity of the brain. Epilepsy may be acquired or idiopathic. Epilepsy is termed idiopathic if there is no evidence of an organic brain lesion. Causes of acquired epilepsy include: genetic and birth factors, infection, toxins, alcohol withdrawal, trauma, circulatory disorders, metabolic disorders, tumors and degenerative disease. A febrile seizure is an episode that occurs with a high fever. In children under age 5, febrile seizures have no medical consequence. However, a febrile seizure can be the first epileptic attack in those children who have a family history of epilepsy and experience the initial seizure after age 5. A number of drugs are available and can control most seizures, and many epileptics must take these medications throughout their lives. All drugs, however, have some side effects. Certain drugs are preferred for the control of particular seizure types and some epileptics must take more than one medication in order to control their seizures. If someone has been seizure-free for a certain amount of time, often four years, the physician and patient may decide to discontinue medication for a trial period. Features associated with a poorer prognosis include: seizures not well controlled with medication, poor compliance with their treatment plan, need for hospitalization or surgery and continued use of alcohol in alcohol related seizures. Status epilepticus is a severe form of seizures that is characterized by frequent, generalized convulsions and failure to regain consciousness between attacks which requires hospital admission. Metabolic brain disease is a term used when systemic disease such as kidney failure, liver failure, electrolyte abnormality or low blood sugar can cause brain dysfunction including seizures. The life risk in these seizures depends on the underlying condition.

**If your client has a history of Epilepsy, please answer the following:**

**1. Please list date of first diagnosis/type of seizure:**

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**2. Please note type of seizure:**

Complex/Partial Seizure \_\_\_\_\_

Tonic-Clonic Seizure \_\_\_\_\_

Absence Seizure \_\_\_\_\_

Myoclonic Seizure \_\_\_\_\_

**3. Please indicate the number or frequency of episodes and date of last episode:**

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**4. Is your client on any medications?**

If yes, please give details

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**5. Has your client been hospitalized for treatment of epilepsy?**

If yes, please give details

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**6. Has your client smoked cigarettes or other form of tobacco in the last 5 years?**

If yes, please give details

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**7. Does your client have any other major health problems (ex: heart disease, etc.)?**

If yes, please give details

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