

EPILEPSY



CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

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

2. Please indicate the type of seizure:
☐ Complex/partial seizure
☐ Tonic-clonic seizure
☐ Absense 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?