

Epilepsy Advice Service

Clare Rusbridge BVMS PhD DipECVN MRCVS, RCVS and European Specialist in Veterinary Neurology



Name _____

Practice details _____

Tel _____

Fax _____

Email _____

Animal's details

Name _____

Surname _____

Age _____

Breed _____

Sex: M MN F FS

Weight _____

Age/ date started seizures _____

SEIZURE TYPE (please cross appropriate box)

Generalised **Focal** **Myoclonic** **Other** - Brief description _____

Brain MRI normal ? yes no not performed

SEIZURE NUMBER AND FREQUENCY

Number of seizures in previous 3 events and date occurred (dd/ mm/yy) and/ or frequency (e.g. every 4 weeks)

(/ /) (/ /) (/ /)

FREQUENCY =

OTHER COMMENTS =

RECOVERY

length of time until recovered from seizures -

Post ictal signs (please indicate mark on line)

No clinical signs	prolonged and distressing vocalisation, pacing, disorientation
0 _____	10

DRUG SIDE EFFECTS

No problems hind limbs	unable to turn corners without falling
0 _____	10

No lethargy / sleepiness	asleep majority of normal waking hours
0 _____	10

DRUGS – *medical history can be attached but please ensure it is clear what the 1) drug dose is (e.g. mg of tablet and number given per day) 2) what drug dose serum concentration relates to*

phenobarbitone - current dose -
 Length of time on this dose -
 current serum concentration -
 date serum concentration obtained -
 dose when last serum concentration obtained

Bromide - current dose -
 length of time on this dose -
 current serum concentration -
 date serum concentration obtained -
 dose when last serum concentration obtained -

Other – please specify /attach additional information if necessary

 current dose -
 length of time on this dose -
 current serum concentration -
 date serum concentration obtained -
 dose when last serum concentration obtained -

REASON FOR ENQUIRY – (please circle / specify)

Uncontrolled epilepsy	Unacceptable side effects	Poor recovery
Other		