





Epilepsy Monitoring Unit Intake Form

Child's Name: Is your child right or left handed?							
Event History:							
Event Type 1 Description (Give exact details about how it starts, what happens next, and how it ends):							
How long does the event last? How often does the event occur?							
Does anything bring these events on?							
ast time the patient had this event type: Events started at what age?							
What does the patient look like or do after the event?							
Event Type 2 Description (Give exact details about how it starts, what happens next, and how it ends):							
How long does the event last? How often does the event occur?							
Does anything bring these events on?							
ast time the patient had this event type: Events started at what age?							
What does the patient look like or do after the event?							
If there are more than 2 event types, please turn over to the back and continue describing the seizures							
Birth History:							
Were there any problems during pregnancy or delivery?							
Birthweight Natural Delivery or c-section Full term or premature Did your child go home with you from the hospital?							
Developmental History							
Age at which patient start talking Age at which patient started walking?							
Past Medical History Has the nationt over had convulsions with a fever? At what age?							
Has the patient ever had convulsions with a fever? At what age? Has the patient ever been knocked unconscious or had any other major head injury?							
Has the patient ever had an infection of the central nervous system? (ex: meningitis)							
Please list any other medical problems your child has.							
Has your child ever had neurosurgery?							
Has your child ever had a CT scan or MRI? (If so, when and why?)							
Was it normal?							
Has your child ever had an EEG? (if so, when and where?)							
Was it normal?							
Does your child have past behavioral/psychiatric problems?							







padaches evelopmental problems	amily Histor	•				
crithmarks cocial History Who lives in the house with the patient Does patient go to school? What grade? What type of special assistance? Please list all the medications that the patient is taking: Medication: Dosage: Circle the medications/treatments that your child has tried for seizure control: Dilantin Lyrica Tranxene Gabatril Neurontin Diamox (Phenytoin) (Pregabalin) (Clorazepate) (Tiagabine) (Gabapentin) (Acetazolamide) Vimpat Felbatol Lamictal Topamax Banzel Zarontin (Lacosamide) (Felbamate) (Lamotrigine) (Topiramate) (Rufinamide) (Ethosuximide) Zonegran Keppra Klonopin Mysoline Onfi Trileptal (Zonisamide) (Levetiracetam) (Clonazepam) (Primidone) (Clobazam) (Oxcarbazepine) Tegretol Depakote Sabril Carbatrol (Carbamazepine) Vagus Nerve Stimulator Ketogenic Diet Phenobarbital ACTH	eizures					
who lives in the house with the patient	eadaches					
Who lives in the house with the patient	evelopmental	problems				
Who lives in the house with the patient	rthmarks					
Does patient go to school? What grade? What kind of grades? Do they require any special assistance? What type of special assistance? Please list all the medications that the patient is taking: Medication: Dosage: Circle the medications/treatments that your child has tried for seizure control: Dilantin						
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Orig 2/14 Tracy Cartwright, RN Children's of Alabama Pediatric Neurology; Epilepsy Surgery

