

## Welcome to Special Veterinary Services

### SEIZURE HISTORY QUESTIONNAIRE

1) When was the first observed seizure?

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2) When was the most recently observed seizure?

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3) How often do the seizures occur? (those that you are aware of)

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4) Is the trend in the seizure pattern getting worst, staying the same, or improving?

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5) Describe the seizure event itself? (what abnormalities have you observed)

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6) Is there abnormal behavior preceding and/or immediately after the seizure? Please describe

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7) Has there been any abnormal behavior independent of the seizures (during seizure-free periods)? Please describe

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8) What medications, if, any are being given? Please list name and approximate dose:

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9) How long have you been giving the medication's) at the current dose's)?

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10) Are you satisfied with the control of seizures?

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11) Are you dissatisfied with the medication's)?

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12) In as few words as possible, what do you hope to achieve with your visit with the Neurologist today? what goals do you have for this visit? (e.g..-explanations/education, diagnosis, alternative treatments/medications, CT Scan or MRI, etc.)

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Thank you for taking the time to fill out this questionnaire, it is extremely helpful to me.

Dr. Peter Maguire