

Moorland Medical Centre

Epilepsy Questionnaire

Patients Name:

Seizure frequency (please tick)

- 1-12 a year
- 2-4 a month
- If daily, how many
- None on treatment

Are you seeing a consultant at the hospital with your Epilepsy YES No

If yes, which hospital.....

What medication are you currently taking:.....

Contraception (if applicable)

Are you on the contraceptive pill YES No

(If you are planning a pregnancy you will need to speak to your GP for advice).

Alcohol intake.....units a week (2 units equal a pint of beer, glass of wine or measure of spirits).

Smoking History (please tick)

- Never smoked
- Past smoker
- Current smoker, how many daily.....

If you would like advice on stopping smoking, please contact the surgery to make an appointment with Liz Knobbs or Alicia Rutter in the smoking cessation clinic.