Epilepsy History Form for Transition to Adult Neurology Provider

This form can be used for pediatric-to-adult medical transition for any childhood-onset epilepsy. The form is intended to be filled out with the assistance of your child's pediatric neurologist/epileptologist prior to the transfer of care to an adult neurologist.

Name of current neurologist/epileptologist:
Contact information:

Name of caregiver or individual completing the form with clinician:

Patient Name:

Current Age:

Date of Birth:

Sex:

Epilepsy history

1. Epilepsy diagnosis:

2. Is the cause of the patient's diagnosis known? *For example, does the patient carry a genetic variant?*

3. Age at first seizure:
    a. Was the first seizure febrile or afebrile?

4. Seizure types. *Please note whether this is a prior history or a current seizure type the patient experiences.*

Seizure type	Current/prior	Description	Frequency	Date of last seizure
○ Tonic-clonic	○ Currently Experiences ○ Prior History			
○ Hemiclonic	○ Currently Experiences ○ Prior History			
○ Myoclonic	○ Currently Experiences ○ Prior History			

○ Focal unaware	○ Currently Experiences ○ Prior History			
○ Atypical Absence	○ Currently Experiences ○ Prior History			
○ Tonic	○ Currently Experiences ○ Prior History			
○ Atonic	○ Currently Experiences ○ Prior History			
○ Other:	○ Currently Experiences ○ Prior History			

5. List known seizure triggers:

6. Longest seizure-free period:
    a. Longest length of time seizure-free:
    b. Approximate dates:

7. Please detail the patient's history of status epilepticus (SE), *defined here as a seizure lasting more than 30 minutes*:

Type of SE	**Current/ prior**	**# of events**	**Date(s) of event(s)**	**Successful treatments**	**Unsuccessful treatments**	**Additional details**
○ Convulsive	○ Currently Experiences ○ Prior History					
○ Nonconvulsive	○ Currently Experiences ○ Prior History					
○ Intermittent/ Seizure Cluster	○ Currently Experiences ○ Prior History					

8. Family history of epilepsy or other relevant neurologic conditions:

Treatment(s)

9. Current antiseizure medications (ASMs):

Current ASM	Dose	Duration of time on therapy

10. Rescue ASMs:

Rescue ASM	Dose	Duration of time on therapy

11. Seizure Emergency Protocol (brief description, please attach full Seizure Action Plan to report):

12. Vagus nerve stimulation (VNS) or other neuromodulation device:

Device	Settings	Date of placement

a. Has the VNS (or other device) battery been replaced?

Device	Date of battery replacement	Did seizures worsen when battery life ended?

13. Prior/failed ASMs:

Prior ASM	Highest dose	Duration	Reason discontinued

14. Epilepsy surgery (including neuromodulation):

Procedure type	Date of surgery	Details

15. Ketogenic or other dietary therapy for epilepsy:

Prior/failed dietary therapy	Dates	Reason discontinued

Current dietary therapy	Date initiated	Details and future plans for continuation

16. Other current medications or supplements (Please include psychiatric or behavior drugs, contraceptives, calcium/vitamin D, folic acid, etc.):

Medication/supplement	Dose	Duration of time on therapy

17. Please list any allergies or contraindicated medications with details:

Comorbidities

18. Intellectual evaluation:
    - _____Normal cognition
    - _____Mild intellectual disability
    - _____Moderate or severe intellectual disability

    Evaluation determined by:
    - _____Pediatrician
    - _____School Reports
    - _____Psychiatrist
    - _____Psychologist
    - _____Other (please explain):

19. Psychiatric comorbidities: (Please select all that apply)
    - _____None
    - _____Depression
    - _____Anxiety
    - _____Autism Spectrum Disorder
    - _____Psychosis
    - _____Other (please explain):

    Evaluation determined by:

20. Gait, motor, and/or skeletal abnormalities (please describe any interventions):

Is patient currently followed by a specialist for these issues (please list name):

21. Sleep disruptions or apnea (please specify dates and findings from sleep studies):

Is patient currently followed by a specialist for these issues, please list name:

22. Please list any other non-epilepsy surgeries (include dates):

Procedure type	**Date of surgery**	**Details**

23. List other significant medical conditions/comorbidities (please include name of specialist, if relevant):

Neurologic exam

24. Neurologic exam:

_____Normal

_____Abnormal

Please describe abnormal exam findings:

Tests

25. Neuroimaging procedures and findings:

Procedure type	Exam date(s)	Relevant findings
CT head		
MRI brain		
PET		
SPECT		
Other:		

26. Electrophysiology/EEG:

Procedure type	Most recent procedure date(s)	Relevant findings from current or past procedures
Routine EEG		
Inpatient video-EEG (in Epilepsy Monitoring Unit)		
Inpatient video-EEG (not in Epilepsy Monitoring Unit)		
Outpatient prolonged video EEG (*ambulatory EEG with video*)		

Outpatient prolonged EEG (*ambulatory EEG without video*)		
MEG		
Other:		

27. Genetic tests:

Test type	**Date(s)**	**Lab or company name**	**Relevant findings**
Epilepsy gene panel			
Karotype			
Microarray			
Whole exome sequencing (WES)			
Whole genome sequencing (WGS)			
Other:			

28. Metabolic tests (please include exam date(s) and relevant findings):

Test type	**Date(s)**	**Lab/company name**	**Relevant findings**

This transition form was developed from the following resources:

- Nascimento FA, Gurnett CA. Epilepsy Transition Program– Washington University School of Medicine. St. Louis, MO, USA.
- Li W, Schneider AL, Scheffer IE. Defining Dravet syndrome: an essential pre-requisite for precision medicine trials. Epilepsia. 2021;62(9):2205-2217. https://doi.org/10.1111/epi.17015
- Andrade DM, Bassett AS, Bercovici E, Borlot F, Bui E, Camfield P, et al. Epilepsy: Transition from pediatric to adult care. Recommendations of the Ontario epilepsy implementation task force. Epilepsia. 2017; 58(9):1502–17. https://doi.org/10.1111/epi.13832
- Andrade DM, Berg AT, Hood V, Knupp KG, Koh S, Laux L, et al. Dravet syndrome: a quick transition guide for the adult neurologist. Epilepsy Res. 2021; :106743. https://doi.org/10.1016/j.eplepsyres.2021.106743