

Lancaster Neurology
834 W. Meeting St.
Lancaster, SC 29720
Dr. Tooba Khan

If you are coming into our practice for evaluation of seizures; Please answer the following questions. In order to get the best care, please bring the person who has witnessed your seizures and make sure that you bring all your medication bottles.

1. How long have you been having seizures? (examples: 1 month, 3 month, etc)

2. How often do your seizures occur? (examples: 1 time a week, 2 times a month, etc)

3. Do you feel any symptoms or warnings before your seizures, if yes please describe?

4. In your own words, please describe your seizures. If you are unaware of the event please describe what others tell you about the event?

5. Do you lose consciousness or pass out when you have a seizure? If yes, how long?

6. If you pass out with the seizure, are you confused after the seizure is over? If yes, for how long?

7. Do you bite your tongue during your seizure? _____

8. Do you pass urine or experience a bowel movement during your seizure? _____

9. Have you ever injured yourself during a seizure? _____

10. Do you have any family members who have seizures? If yes, who? _____

11. Have you ever had any head injuries or concussions? _____

12. Have you ever had a stroke, bleeding on the brain, or brain injury? _____

13. Was your birth normal? (Example: premature, Long ICU stay) _____

14. Were your milestones normal? (Example: you walked at the right age/you talked at the right age)

15. Were you (or are you) enrolled in special education classes in school? _____