





## Mid-Atlantic EPILEPSY & SLEEP CENTER

Rode a tricycle: \_\_\_\_\_  
Rode a bicycle: \_\_\_\_\_

### **Language and Social Skills**

Smiled in response to seeing you: \_\_\_\_\_  
Spoke first words: \_\_\_\_\_  
Spoke two words together: \_\_\_\_\_  
Spoke in complete sentences: \_\_\_\_\_  
Is speech adequate for age? \_\_\_\_\_  
Does your child understand as well as  
other children his or her age? \_\_\_\_\_  
Speech Therapy (if any): \_\_\_\_\_

### **Fine Motor and Coordination**

Grasped for objects: \_\_\_\_\_  
Feed himself/herself: \_\_\_\_\_  
Tie his/her own shoelaces: \_\_\_\_\_  
Button own clothes: \_\_\_\_\_

### **School/Education**

Your child's current school level: \_\_\_\_\_  
Any specific issues or therapies  
Required in school? \_\_\_\_\_

### **C. Family Medical History**

Are both parents alive? \_\_\_\_\_  
Are there any diseases that run in the family? \_\_\_\_\_  
Any family members with seizures? \_\_\_\_\_  
Any family members with learning problems? \_\_\_\_\_

### **D. Medical History**

*Please indicate if your child ever had any of the following illnesses or reactions*

Encephalitis or meningitis: \_\_\_\_\_  
Operations: \_\_\_\_\_  
Head injury with loss of consciousness: \_\_\_\_\_  
Febrile Seizures: \_\_\_\_\_  
An allergic reaction to medication: \_\_\_\_\_  
    If yes, which medication(s): \_\_\_\_\_  
Other allergies: \_\_\_\_\_  
Other medical issues: \_\_\_\_\_

### **E. General Symptoms**

*Please indicate if your child had any of the following symptoms.*

Problems with vision: \_\_\_\_\_  
Loss of hearing: \_\_\_\_\_  
Large changes in weight: \_\_\_\_\_  
Persistent nausea/vomiting: \_\_\_\_\_  
Headaches: \_\_\_\_\_  
Fainting spells or blackouts: \_\_\_\_\_





**G. Seizure Medication History**

*Please indicate which medications, if any, your child has taken and how they responded.*

<b>Medication</b>	<b>Age/Duration</b>	<b>Better/Worse/No Change</b>	<b>Side Affects Yes/No</b>
Acetazolamide (Diamox)			
ACTH			
B6 vitamin (Pyridoxine)			
Cannabidiol (Epidiolex)			
Carbamazepine (Tegretol)			
Clobazam (Onfi, Sympazam, Frisium)			
Clonazepam (Klonopin)			
Clorazepate (Tranxene)			
Diazepam (Valium)			
Ethosuximide (Zarontin)			
Fenfluramine (Fintepla)			
Felbamate (Felbatol)			
Gabapentin (Neurontin)			
Lacosamide (Vimpat)			
Lamotrigine (Lamictal)			
Levetiracetam (Keppra)			
Lorazepam (Ativan)			
Oxcarbazepine (Trileptal)			
Perampanel (Fycompa)			
Phenobarbital (Luminal)			
Phenytoin (Dilantin)			
Prednisone Prgabalin (Lyrica)			
Primidone (Mysoline)			
Rufinamide (Banzel)			
Tiagabine (Gabitril)			
Topiramate (Topamax)			
Valproic Acid (Depakene/Depakote)			
Zonisamide (Zonegran)			
Others?			

**Thank you for your time in providing this information. We look forward to seeing you!**