Seizure and Epilepsy Clinic
W. David Strayhorn, MD PhD (Epilepsy, Sleep Medicine)

Shahid Rafiq, MD (Stroke, Sleep Medicine)
Roderick Starkie, DO (General Neurology)
Sean Burke, MD (Multiple Sclerosis, Neuromuscle)

Comprehensive Neurological Services, PA
196 Thomas Johnson Drive, Ste. 120
Frederick, MD 21702
Phone: 240-566-3130
Fax: 240-566-3131
www.thecns.com

Patient Name: _____ Date of Appointment: _____

Followup Visit Questionnaire

Please fill out as much of this questionnaire as you can before your appointment.

Who is with you today? _____

Do you have any particular questions or concerns you would like to address today?

_____
_____
_____
_____

Have you had any seizures since your last visit? ☐ yes ☐ no

When was your *most recent* seizure? If you have more than one type of seizure (for example, convulsions and staring spells), answer for each seizure type individually. Use the back of this sheet if necessary.

Seizure type #1: Date of most recent: _____ Overall frequency (estimation): _____
Seizure description: _____
_____
_____
_____

Seizure type #2: Date of most recent: _____ Overall frequency (estimation): _____
Seizure description: _____
_____
_____
_____

What are you *currently* taking for your seizures? Include doses and side effects (if any). _____
_____
_____
_____
_____

Have you had any other medical developments since your last visit? (New diagnoses, medication changes, etc)

_____
_____
_____
_____

Do you drive? _____