



# ANZAN – ESA Epilepsy & Seizure data form

## PRIVATE DRIVERS



- Instructions:
1. Fill in patient name & date of birth
  2. Fill in Sections 1-8 and, if relevant 9-14
  3. Sign and date the form
  4. Ask the patient to sign the consent section of the DPTI form
  5. Strike through the Certification section of the DPTI form
  6. Send WITH the patient's DPTI form to Fax 08 8402 1977

Patient name ..... D.O.B. .... / ..... / .....

You **MUST** fill in 1-8. Other sections should be filled in if relevant.

1. How long have you treated this patient? .....Y .....M
2. Date of last seizure? ..... / ..... / .....
3. Was the last seizure more than 12 months ago?  YES  NO
4. Have there been any issues around compliance with medical advice (including medication adherence) brought to your attention in the last 12 months?  YES  NO  
     └─> Attach details.
5. Will the dose of ANY anti-epileptic medication be reduced?  
 YES  NO  NOT TAKING ANTI-EPILEPTIC THERAPY  
     └─> Is this because of dose-related side-effects or after a temporary increase?  
          YES  NO
6. Has a seizure resulted in a crash within the last 12 months?  YES  NO
7. Is there significant uncertainty or doubt concerning the accuracy of the clinical data?  
 YES  NO  
     └─> Attach details
8. Is there any additional information the driver licensing authority should consider when assessing this patient's fitness to drive?  YES  NO  
     └─> Attach to this form

9. **First seizure:** Has the patient had only a single seizure?  YES

10. **Acute symptomatic seizures:** Did all seizures occur during a SINGLE temporary brain disorder or metabolic disturbance (e.g. head injury, drug/alcohol withdrawal) in a person without ANY previous seizures?  YES

Patient name .....

11. **Newly-diagnosed:** Was treatment started in the last 18 months?  YES  
Date treatment started? ...../...../.....

12. **Previously well-controlled:** Were there any seizures in the 12 months leading up to the last seizure?  YES  NO  
    ↳ Was this last seizure provoked (e.g. fever, pro-convulsant medication, non-compliance, change of therapy)?  
         YES  NO  
            ↳ Is this likely to recur?  YES  NO  
                ↳ Has this happened before?  YES  NO

13. **Sleep-only seizures:** Has there EVER been a seizure while awake?  
 YES  NO  
    ↳ Was the 1<sup>st</sup> seizure more than 12 months ago?  
         YES  NO  
    ↳ Has there been a seizure while awake within the last 24 months?  
         YES  NO  
            ↳ Was the 1<sup>st</sup> sleep seizure more than 24 months ago?  
                 YES  NO

14. **“Safe” seizures:** Have ONLY “safe seizures” occurred in the last 2 years i.e. Seizures that would not impair driving ability (this requires intact consciousness and ability to control the vehicle in an emergency)?  
 YES  NO  
    ↳ Has preservation of responsiveness been tested by a reliable witness or during video-EEG monitoring?  
         YES  NO

Signature ..... Date ...../...../20.....

Name .....

AHPRA No: .....

Practice Address .....

.....

Telephone .....

e-mail .....