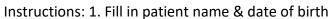


## ANZAN – ESA Epilepsy & Seizure data for PRIVATE DRIVERS



- 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 RMS form
- 5. Strike through the Certification section of the RMS form
- 6. Send WITH the patient's RMS form to MedicalUnit@transport.nsw.gov.au Fax 02 6640 2894

	How long have you treated this patient?YM
	Date of last seizure?/
	Was the last seizure more than 12 months ago? ☐ YES ☐ NO
•	Have there been any issues around compliance with medical advice (including medication adherence) brought to your attention in the last 12 months? $\square$ YES $\square$ NO $\square$ Attach details.
•	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
	Has a seizure resulted in a crash within the last 12 months? ☐ YES ☐ NO
•	Is there significant uncertainty or doubt concerning the accuracy of the clinical data?  ☐ YES ☐ NO  ☐ Attach details
	Is there any additional information the driver licensing authority should consider when assessi this patient's fitness to drive?

Patient name	
11. Newly-diagno	osed: Was treatment started in the last 18 months?   Date treatment started?/
12. <b>Previously we</b> seizure?	Pell-controlled: Were there any seizures in the 12 months leading up to the <i>last</i> ☐ YES ☐ NO → Date of penultimate seizure?//  → Was this last seizure provoked (e.g. fever, pro-convulsant medication, non-compliance, change of therapy)?  ☐ YES ☐ NO ☐ YES ☐ NO ☐ Has this happened before? ☐ YES ☐ NO
• •	izures: Has there EVER been a seizure while awake?  I NO   → Was the 1st 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
impair driving emergency)?	es: Have ONLY "safe seizures" occurred in the last <u>2 years</u> i.e. Seizures that would not ability (this requires intact consciousness and ability to control the vehicle in an NO
⊢→Has pr monit □ YES	-
gnature	Date/20
ame	
HPRA No:	
ractice Address	
elephone	
mail	