



ANZAN – ESA Epilepsy & Seizure data for 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 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

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

You **MUST** fill in 1-8. Other sections should be filled in if relevant (if more than one situation applies, fill in all that apply).

1. How long have you treated this patient?YM

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
→ Date of penultimate seizure?/...../.....
→ 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 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 1st 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