

Your Child's Seizures: Neurology Appointment Worksheet

Bring this worksheet to your child's next neurology appointment.

Child's name:

Date of visit:

Doctor:

Seizures & Diagnosis

What type(s) of seizures does my child have, and how certain is the diagnosis?

Could a new EEG, MRI, or genetic test provide clearer answers?

Medication Trial Log

List every antiseizure medication tried (use extra rows for more) or ask for a printout.

Medication	Dose	Dates tried	Response / side effects	Why stopped

Our Top 3 Goals & Questions Today

1.

2.

3.

SUDEP & Safety

What is my child's individualized SUDEP risk, and what factors affect it?

What is our seizure action plan (for home, school, and overnight supervision)?

Evaluation & Referral

Ask: "Has my child tried two appropriate antiseizure medications without sustained seizure freedom? Is it time for a referral to a comprehensive pediatric epilepsy center?"

☐ Referral placed today? To which center:

☐ Records/imaging needed, who is sending them:

☐ Expected timeline, whom to call if we don't hear back:

Notes & Plan

Follow-up date: _____ Next step: _____
