



# CEDARS-SINAI MEDICAL CENTER

## Department of Neurosurgery

### ADULTS & PEDIATRIC EPILEPSY -- MEDICAL HISTORY FORM FOR EDUCATIONAL SCAN REVIEW PROGRAM

**PATIENT INFORMATION:**Name : LAST \_\_\_\_\_ FIRST \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Patient SS# \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email) \_\_\_\_\_

**PATIENT'S EPILEPTOLOGIST/NEUROLOGIST:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email) \_\_\_\_\_

**DATE OF CLINICAL DIAGNOSIS:** \_\_\_\_\_ Right Handed  Left Handed **PATIENT'S CURRENT NEUROLOGICAL DEFICITS, SIGNS, SYMPTOMS, AND COMPLAINTS:**

• \_\_\_\_\_

**PATIENT'S DAILY LEVEL OF FUNCTIONING:** Independent  Needs assistance  Dependent **IMAGING STUDIES, i.e. MRI, CT, PET [Specify Type, Findings and Date(s)]:**• \_\_\_\_\_  
• \_\_\_\_\_**CLINICAL INFORMATION:**Seizure Type(s): Unknown 

• \_\_\_\_\_

**Average Number of Seizures Per Week:**

• \_\_\_\_\_

Name(s), dosage (strength) and schedule of Anticonvulsant(s): None 

• \_\_\_\_\_

Have you had an in-patient EEG testing: Yes  No If so, when \_\_\_\_\_ Can you get results? Yes  No **Preoperative Invasive Monitoring:**• \_\_\_\_\_ Yes  No **Surgical Dates:** Yes  No 

• \_\_\_\_\_

**Alternative therapies:** Yes  No 

If yes, please list with dates: \_\_\_\_\_

**PREVIOUS RECOMMENDATIONS?**

• \_\_\_\_\_

**WHAT IS/ARE THE MOST IMPORTANT QUESTION(S) YOU WANT US TO ANSWER?**

• \_\_\_\_\_

• \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** Magazine Article  Internet  Cedars/MDNSI Website Physician referral  Friend  Radio Ad  Other  (revised 09/10)*Scan Reviews being sent from outside of California and Michigan, must be filled out, submitted & signed below by a referring MD:*\_\_\_\_\_  
Treating Physician Name (Printed) Treating Physician Signature State Date