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| **FIRST FIT CLINIC****REFERRAL FORM** For GP Referrals please attach to eRS.For non-GP Referrals please e-mail to the following address with ‘First Fit’ in the title.Email: stgh-tr.Neuro@nhs.netTel: 0208 725 4321 | **Source of referral** (please ring):

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| GP | A&E | MAU | Other |

**Name of referrer and contact phone number:****SGH Consultant code: \_\_ \_\_ \_\_****Date and time of referral:**Date\_\_ /\_\_ /\_\_: time \_\_ : \_\_ (24h clock) |
| **GP STAMP( name and address)** |
| **Patient details****Name :**Sex : D.O.B. :**Address:****Tel. No.:** **Carer’s name:****Carer’s Tel. No.:** | **For seizures or unclear blackouts where seizures can not be excluded as differential diagnosis (the latter might be referred to arrhythmia clinic, cardiology at same time)** Yes No* Above 16 years old? 🞏 🞏
* New onset seizures/blackouts within last 12 month? 🞏 🞏
* Latest seizure/blackout within last 3 month? 🞏 🞏
* Not started on anti-epileptic drugs? 🞏 🞏

 Refer only for rapid access first fit clinic if all above are yes.* Sheldon’s Questionnaire ≥1 (see bottom of form) 🞏 🞏
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| **Handed Left / Right****Preferred language****Interpreter needed Yes / No** | **Is Hospital transport required? Yes / No** **Type required Car** **[ ]  Ambulance [ ]**  |
| **Summary presenting event, past medical history and relevant family history:**  | **Current Drug Therapy:** |
| **Witnesses to event(s):** PLEASE ASK ANY WITNESS(ES) TO COME WITH PATIENT TO CLINIC; Provide contact details here if this may not be possible:  |
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| **Sheldon’s Questionnaire (Please ask to patient or any witness)** | **Yes** | **Score** |
| At times do you wake with a cut tongue after your spells?  |  | **2** |
| At times do you have a sense of *deja vu* or *jamais vu* before your spells? |  | **1** |
| At times is emotional stress associated with losing consciousness? |  | **1** |
| Has anyone ever noted your head turning during a spell?  |  | **1** |
| Has anyone ever noted that you are unresponsive, have unusual posturing or have jerking limbs during your spells or have no memory of your spells afterwards (score as yes for any positive response)? |  | **1** |
| Has anyone ever noted that you are confused after a spell? |  | **1** |
| Have you ever had lightheaded spells?  |  | **-2** |
| At times do you sweat before your spells?  |  | **-2** |
| Is prolonged sitting or standing associated with your spells? |  | **-2** |
| **TOTAL** |  |  |
| ≥1 likely seizure (~94% sensitivity & specificity); <1 likely syncope, consider cardiac referral |

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|   *Advice to be given (examples): pending further advice from clinic** To attend first fit clinic (No further appointment will be offered if DNA).
* Information sheet for suspected first seizure/new epilepsy given to patient? [ ]
* Please fax/send copy of relevant CasCard or GP notes with form
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## Patient Information Sheet for suspected first seizure/new epilepsy

You have been given this information sheet because your doctor suspects that you may have had a seizure, or developed epilepsy. The diagnosis of a seizure or epilepsy is not always straightforward, so you will be referred to a specialist epilepsy clinic for a further assessment and advice, and will be offered the next available new patient appointment. You will be given more information and a detailed explanation when you come to the clinic, but in the meantime, even if you have already been started on treatment, there are some safety precautions listed below that are advisable, while you might be at risk of further attacks.

**Safety**

Avoid circumstances where a seizure could have serious consequences e.g.

* riding a bicycle, especially in traffic/without a helmet.
* working on ladders, roofs or scaffolding;
* being by an unguarded open fire/flame
* swimming alone (inform the pool attendant and/or have a friend with you)
* Taking a bath - a shower is preferable, or bath in shallow water, with the door unlocked and someone else in the house
* Standing too close to the edge of tube/train platforms or road pavements
* Operating potentially dangerous machinery e.g. chain saw, manufacturing equipment

**Driving** is a special case and if you hold a driving license you **must not drive** at all at least until you have been seen in the clinic. Unless another treatable cause of your attack(s) is found, you are required by law to inform the DVLA, and will not be allowed to drive for at least 6 months, and more commonly 1 year from your most recent seizure. Failure to inform the DVLA is a criminal offence, and you can be fined up to £1000. DVLA Telephone : 0300 790 6806 [www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers](http://www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers)

**First Aid During A Seizure**

Most seizures will stop on their own after a few minutes, and no emergency action is needed. It is often a good idea to make sure you friends/family know what to do incase you have another attack:

Do Summon help if you are alone

 Cushion the head

#  Remove sharp, hot or hard objects from the patients surroundings

 Only move patient if they are in a dangerous place (e.g. at top of stairs or in the road)

Do not put anything in the mouth (there is **no** danger of swallowing the tongue)

Do not restrain the convulsive movements

Do not leave until they have recovered

After a seizure roll the patient onto their left side, and if breathing is still laboured check nothing is blocking the throat (e.g. dentures)

When you have recovered, if you don’t already have a treatment plan, inform your GP that another attack has occurred and seek advice on what to do next.

**Call an ambulance if**

* the seizure lasts longer than usual for that patient, or more than 5 minutes if this is not known
* one seizure follows another without recovery in between
* they have injured themselves or have difficulty breathing after a seizure

**General information:**

What is a seizure?

A seizure (sometimes called a fit, an attack, a convulsion or a turn) is a sudden, brief disruption of normal brain activity. The seizure may have different forms depending on whether this happens in all the brain at once or if the seizure is in a part of the brain.

What is epilepsy?

If someone has repeated unprovoked seizures this is epilepsy and medication is usually prescribed. Most patients who are treated for epilepsy will get better although they may need to take tablets (antiepileptic drugs) to ensure this.

Antiepileptic Drugs:

If a diagnosis of epilepsy is made, and you are treated with antiepileptic drugs, you must take them regularly and not run out (make sure you request a follow up prescription from your GP in good time). You are also are entitled to free prescriptions. You will need a Prescription Charge Exemption Certificate (FP92) which you can get from your Health Authority. To obtain the certificate you must complete form FP92A - available from your doctor, hospital or pharmacist. The FP92 can enable you to get a disabled persons railcard.

Oral contraception (and other tablets) may need to taken at different doses if antiepileptic drugs are taken. Check with your GP or hospital doctor if in doubt. If you are taking tablets you should keep an up to date and complete list in your wallet, and bring them to any clinic appointment.

**Further information**

Once you have been seen in the epilepsy clinic, they will be able to provide you with any further information and address any questions you may have. If you have questions or need further advice before then you should either ask your GP, or the team who gave you this leaflet.

Further information is also available at:

 NHS Choices [www.nhs.uk/Conditions/Epilepsy](http://www.nhs.uk/Conditions/Epilepsy)

Epilepsy Action, Freephone 0808 800 5050 [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

 Epilepsy Society, 01494-601400 [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

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