



My epilepsy care plan

Your care plan can be shared with anyone who needs to be aware of what care and support you require to manage your seizures.

This care plan can help to reduce the time you spend explaining your epilepsy to new healthcare professionals, employers and more.

To get started make sure you speak to a trusted healthcare professional who knows you well.

Your details

Name: _____

Address: _____

Telephone number: _____

NHS Number: _____

Date of birth: _____

Emergency contact details

In case of emergency, contact: _____

Contact details: _____

Their relationship to me: _____

Care plan

Fill in this section to give the reader of your care plan the best understanding of your epilepsy. If there are any sections you are unsure of, speak to your epilepsy specialist, epilepsy specialist nurse or GP.

What type of epilepsy or epilepsy syndrome do you have?

**What tests have you had to help diagnose your epilepsy?
(EEG etc.)**

Have you had any surgery for your epilepsy? (Please include dates)

Is your epilepsy considered controlled?

Yes No

How is your epilepsy being treated?

Please tick the box/es that describe your treatment. There is a table later in the care plan to detail the medication you are on. If you are having any other type of treatment please describe this.

- Anti-Seizure medications
- VNS Therapy
- Any other type of treatment

If other please specify _____

Do you have any other health conditions?

If yes please details below:

Your medicine history:

Before your current medicine have you taken any other anti-seizure medications that either didn't work or gave you side-effects meaning you had to stop taking them?

If yes please fill in the table:

Name of medicine	Strength of tablet or liquid	Reason stopped	Side effects

Your current medicines:

Please detail all medicines below, not just your anti-seizure medicines.

Name of medicine	Tick if this is an Anti-seizure medicine	Strength of tablet or liquid	Number taken	What time of the day is this medicine taken?

What does a typical seizure look like for you?

Please describe what happens to you, how long it normally lasts and how long you usually take to recover once it has finished.

Seizure type 1



Seizure type 2



Seizure type 3



Seizure type 4



Seizure type 5



What to do if your seizure lasts longer than...

(Use this section to give instructions to other on how to react if a seizure last longer than usual):



Please tick here if you have been prescribed emergency medication (Buccal Midazolam, Rectal Diazepam).

Please ensure the accompanying emergency medication care plan is completed and kept with this care plan.

Are there any triggers which make it more likely for you to have a seizure (E.g Photosensitivity, tiredness)?



Is there anything you need to do in your day to day life to help manage your epilepsy and your safety?



Who is treating you and what are their contact details?

Your family doctor: _____

Surgery or Hospital name: _____

Address of surgery or hospital: _____

Email address/phone number: _____

Your epilepsy nurse or learning disability nurse:

Surgery or Hospital name: _____

Address of surgery or hospital: _____

Email address/phone number: _____

Your epilepsy specialist: _____

Surgery or Hospital name: _____

Address of surgery or hospital: _____

Email address/phone number: _____

Anyone else: _____

Your goals

You can record your personal goals here and discuss them with your healthcare professional. e.g Attend a talk & support group, get 7 hours of sleep a night, apply for a volunteering role.

Date	Your goal	The steps I will take to achieve this goal	The support I will need and who I will need it from	Progress

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