**Referral to First Seizure Clinic**

GP: Please refer via e-referral

For SDH internal referrals - Email completed form to sft.admin.neurology@nhs.net

Tel: 01722 429233

Neurology Department

Block 64

Salisbury District Hospital

SP2 8BJ

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS No. |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email |  | Mobile Telephone |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring Clinician |  | Date of Referral |  |
| GP Practice |  | Dates Not Available |       |
| Address |  | Telephone |  |
| Fax |  |

**Referral Criteria (check both boxes):**

|  |
| --- |
| 🞏 Suspected First Seizure (s)🞏 The advice given on the reverse has been given to the patient |

**Clinical History and Examination:**

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**Medical Problems:**

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|  |

**Allergies:**

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|  |

**Medication:**

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|  |

**Advice for patients with seizures**

1. **Driving advice**
* Stop driving and inform the DVLA

(this is still the case even if the diagnosis is not yet certain)

1. **Safety advice**
* Do not swim or bath without anyone around. Tell someone if you are having a bath and leave the door unlocked.
* Do not work at height (e.g. climb ladders)
* Do not operate dangerous machinery (e.g. chain saws, power tools without power breakers)
1. **First aid advice for family / friends**
* Do not try to move them unless in danger but put them in the recovery position after.
* Do not try to put anything between their teeth or restrict their movement
* Most fits will stop in 2-3 minutes, but call an ambulance if the fit goes on for over 5 minutes, they do not recover consciousness between two or more fits, they are going blue or having difficulty breathing, or if they are injured.
1. **Return if further seizure or other concerns**
2. **Please bring someone with you to the neurology appointment who witnessed the blackout / seizure**