**My Epilepsy and Treatment History**

**For TGA Medicinal Cannabis Access Applications**

Please complete the information to the best of your knowledge to aide your Neurologist and/or GP to complete the paperwork for your TGA Medicinal Cannabis application.

YOU can help by accurately recording your epilepsy and treatment history from the medical letters and reports you have at home. If you cannot find or remember the exact date just supply the year (and closest month if possible).

**My Epilepsy and Treatment History**

**About the Person with Epilepsy (PWE)**

Full Name Click or tap here to enter text.

Gender  F  M

Date of Birth Click or tap to enter a date.

Residential address Click or tap here to enter text.

Suburb Click or tap here to enter text. State Choose an item. Postcode Click or tap here to enter text.

**Contact Details**

Mobile Phone: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Work Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Who is competing this form?**

Person with epilepsy

Proxy on behalf of the person with epilepsy

**About the Proxy completing this form**

Full Name Click or tap here to enter text.

Proxy’s Relationship to Applicant Click or tap here to enter text.

**Contact Details of person completing this form**

Mobile Phone: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Work Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Seizure History**

Date of first seizure: Click or tap to enter a date.

Date of diagnosis: Click or tap to enter a date.

List the types of seizures you experience and how frequently they occur

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Name of seizure type | No. of seizures per day | No. of seizures per week | No. of seizures per month | No. of seizures per year | Seizure free since - insert date |
| 1. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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| 9. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 10. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

More information: Click or tap here to enter text.

**Medication History**

List ALL medications you have ever tried to manage your epilepsy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of medication | Date started  month/year | Date stopped  month/year | Why was this medication ceased? |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
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| 18. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 19. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| 20. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

**Surgical History**

List all epilepsy related surgical procedures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name of Hospital | Date of procedure | Name of Doctor performing procedure | Name of procedure | Your Comments  Eg. successful/unsuccessful,  outcome |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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More information: Click or tap here to enter text.

**Other Treatments**

List all other epilepsy related treatments you have tried including conventional, alternative and complimentary therapies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Type of Therapy | When started | When stopped | Why did you try this particular therapy | What was the result of this therapy? |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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More information: Click or tap here to enter text.

**Use of Health Services**

List all epilepsy related ambulance call outs in the last two years (include those not requiring transportation to hospital)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Date | Reason | Was the person transported to hospital (Yes/No) | Comments |
| 1. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 2. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 3. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 4. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 5. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 6. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 7. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 8. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 9. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 10. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| 11. | Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
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More information: Click or tap here to enter text.  
Please estimate how many times you have used the **ambulance service** for seizures each year

|  |  |
| --- | --- |
| Year | Number of times per year |
| 2019 | Click or tap here to enter text. |
| 2018 | Click or tap here to enter text. |
| 2017 | Click or tap here to enter text. |
| 2016 | Click or tap here to enter text. |
| 2015 | Click or tap here to enter text. |
| 2014 | Click or tap here to enter text. |
| 2013 | Click or tap here to enter text. |
| 2012 | Click or tap here to enter text. |
| 2011 | Click or tap here to enter text. |
| 2010 | Click or tap here to enter text. |
| 2009 | Click or tap here to enter text. |
| 2008 | Click or tap here to enter text. |

List all epilepsy related visits to the Emergency Department (including those requiring ambulance transportation)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of visit  (start with most recent) | Name Hospital | Reason for visit | Comments |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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More information: Click or tap here to enter text.  
List all epilepsy related Hospital Admissions (onto a ward not ED)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of Hospital | Date of admission | Date of Discharge | Reason for admission and outcome |
| 1. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
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| 10. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

List all epilepsy related injuries sustained

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Date of injury | Type of injury | Suspected cause of injury eg seizure, side effect of medication | Comment |
| 1. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 10. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

More information: Click or tap here to enter text.

**The information documented in this form is a true and accurate account to the best of my knowledge.**

*Person with Epilepsy*

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

*Proxy*

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.