Vancouver CoastalHealth

Vancouver General Hospital, Epilepsy Clinic, 8thFloor,
Gordon & Leslie Diamond Health Care Centre
2775 Laurel St, Vancouver, BC V5Z 1M9, Canada.
Tel: 604-875-4402, Fax: 604-875-4786

Patient's Information		Physicians' Information
PHN#		Referring:
Surname:	Given name:	Contact Number:
DOB#		Family physician:
Contact Number:		Contact Number:
Preferred appointment type: ☐ In-person ☐ Telehealth ☐ Patient preference		

Incomplete referrals may delay processing or be returned for more information.

History/Seizure presentation

Reason for consult:

☐ Spell characterization/diagnosis
☐ Medically intractable epilepsy (Failed ≥2 anti-seizure medications)
☐ Transition from pediatric epilepsy program

The main seizure type in the past 6 months:
☐ Convulsive (4) ☐ Focal unaware (3) ☐ Focal aware (2) ☐ PNES(1)

The main seizure Frequency in the past 6 months:
☐ Daily (4) ☐ Weekly (3) ☐ Monthly (2) ☐ Yearly (1)

Status Epilepticus within the past 6 months: ☐ Yes (4) ☐ No (0)

Falls or serious injury due to seizures in the past 6 months: ☐ Yes (4) ☐ No (0)

Patient has seen neurologist in the past 12 months: ☐ No (2) ☐ Yes (0)

Comorbidities

☐ Epilepsy related violent behavior (4) ☐ Multiple medical issues (4) ☐ ≥ 65 years (2)

☐ Pregnancy ☐ Fast growing brain tumor

Please send the following documentation with your referral:

☐ Neurological consults
☐ CT, MRI, and EEG reports
☐ Recent AED drug levels
☐ Relevant other consults and/or information regarding the patient's history

Epilepsy clinic office use only

Triaging physician:
☐ Y. Aghakhani ☐ L. Haley ☐ C. Hrazdil ☐ M. Javidan ☐ F. Moien ☐ J. Percy

Assigned to:
☐ Y. Aghakhani ☐ L. Haley ☐ C. Hrazdil ☐ M. Javidan ☐ F. Moien ☐ J. Percy ☐ Next available MD

Priority:
☐ High ☐ Medium ☐ Low

Please book for: ☐ Routine EED ☐ SD EEG ☐ Blood work ☐ CT Head ☐ 3T MRI