



Template letter: Paediatric Epilepsy Clinic

Date of clinic:

Date of letter:

Dear

Re: *Name, Date of birth, Address, Hospital Number*

Diagnosis: *Epilepsy/ Non-epilepsy/ Uncertain*

If epilepsy:

Seizure type(s)

Epilepsy syndrome

Aetiology

Co-morbidity (associated impairments, behavioural, emotional and educational problems)

Other diagnoses:

School *(if relevant):*

Weight *(centile):*

Height *(centile):*

Current medication *(dosage mg/kg/day):*

Emergency medication:

Plan:

Current review *(descriptive text to include seizure frequency and type, medication compliance and side effects):*

Yours sincerely

Cc:

Parents

Specialist epilepsy nurse

School nurse etc