Irish Epilepsy & Pregnancy Register
In conjunction with the UK Epilepsy & Pregnancy Register
Freephone: 1800 320 820
www.epilepsypregnancyregister.ie

Patient Questionnaire.

Date of Registration:_____

Maternal Data:

Surname: _____
Forename: _____
Address: _____
_____
_____
Phone No.: _____
Resident of Ireland:_____

DOB: _____
EDD: _____
Gestation age at time of Registration: _____
Relevant hx. (how many prev preg?)
_____
_____

Epilepsy History:

Date or age of onset: _____
Seizure type: _____
Major (tonic clonic): **yes** **no**
Other (please specify): **1.**_____
2._____
3._____

Aetiology if known: _____
_____
Seizure during pregnancy?
Yes **no**
If yes, what type?_____
_____
_____

AED Treatment:

AED treatment during pregnancy: _____
_____
_____

Any changes made in pregnancy: _____
_____
_____

Any other treatment during pregnancy: _____
_____
_____

AED treatment 3/12 months prior to conception: _____
_____
_____

Any changes made 3/12 months prior to conception: _____
_____
_____

Other treatment 3/12 months prior to conception: _____
_____
_____

Current AED treatment: _____
_____
_____

BEAUMONT HOSPITAL: Clinical Research Centre, Smurfit Building, Beaumont Hospital, Dublin 9.
Tel: 809 3786; Fax: 809 3809; E-mail: bliggan@rcsi.ie/ www.epilepsypregnancyregister.ie / www.beaumont.ie

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Patient Questionnaire.

Folic Acid:
Was folic acid prescribed? **yes** **no**
Preconceptually?: **yes** **no**
If no, at what stage in pregnancy?: _____
Dose: 400mcgs 5mgs other:_____
Duration: _____
Comments: _____
_____

General Practitioner details:
Name:_____
Address: _____
_____
_____
Phone No.: _____

Is this patient currently attending a specialist clinic for her epilepsy? : **Yes** **No**
If yes, where? : _____
Name of Doctor: _____

Where did the patient hear about this register? :_____
Who registered the patient? : _____

Advice given on folic acid and Vit. K supplements: **Yes** **No**

Is patient a smoker: YES NO
If Yes how many a day:_____
Or stopped when pregnancy discovered:_____

Other details:

Form completed by:_____
Date of completion:_____

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