



APPOINTMENT FOR EPILEPSY CLINIC - REQUEST FORM

PLEASE COMPLETE AND FAX OR EMAIL TO US AND WE WILL ARRANGE THE APPOINTMENT DIRECTLY WITH THE OWNER

DATE OF SUBMISSION:

FAX: 01425 480849

EMAIL: [ADMIN@SCVETSPECIALISTS.CO.UK](mailto:ADMIN@SCVETSPECIALISTS.CO.UK)

<b>PRACTICE DETAILS</b>  VETERINARY SURGEON .....	<b>OWNER &amp; PATIENT DETAILS</b>  FIRST NAME OR INITIAL.....
PRACTICE .....	SURNAME.....
ADDRESS .....	OWNER ADDRESS .....
.....	.....
.....	POSTCODE .....
POSTCODE .....	TELEPHONE .....
TEL .....	MOBILE .....
FAX .....	PET NAME .....
EMAIL .....	SPECIES <input type="checkbox"/> CANINE BREED.....AGE.....SEX: MN ME FN FE
	WEIGHT.....

**SUITABLE PATIENTS MUST MEET THE CRITERIA BELOW:**

- Between 6months and 6 years
- Normal neurological examination
- Normal in between episodes
- Have generalised tonic clonic seizures (some cases where the nature of the episodes is uncertain or where a different diagnosis is reached will not be included in this package)

**WHAT DIAGNOSTICS HAVE PREVIOUSLY BEEN PERFORMED? (PLEASE TICK & INCLUDE RESULTS)**

- Haematology and biochemistry performed at external laboratory
- Haematology and biochemistry performed in house
- Glucose
- Bile acid stimulation test
- Pre prandial
- Post prandial
- Ammonia
- Infectious diseases serology
- Urine sample
- Blood pressure measurement
- Phenobarbitone serum levels
- Potassium bromide serum levels

**MATERIAL PROVIDED- PLEASE TICK & ATTACH AS APPROPRIATE:**

- Clinical history
- Seizure diary
- Video

**COMMENT BOX- ANY RELEVANT INFORMATION:**