AUSTRALIAN & NEW ZEALAND
ASSOCIATION OF NEUROLOGISTS

ANZAN – ESA Epilepsy & Seizure data form

PRIVATE DRIVERS

Instructions: 1. Fill in patient name & date of birth
2. Fill in Sections 1-7 and, if relevant 8-13
3. Sign and date the form
4. Ask the patient to sign the consent section of the RMS form
5. Strike through the Certification section of the RMS form
6. Send WITH the patient's RMS form to MedicalUnit@rms.nsw.gov.au
   Fax 02 6640 2894

Patient name …….. D.O.B. ...../...../…….

You **MUST** fill in 1-7. Other sections should be filled in if relevant.

1. How long have you treated this patient? …….Y …….M

2. Date of last seizure? ……/……/……

3. Was the last seizure more than 12 months ago? ☐ YES ☐ NO

4. Have there been any issues around compliance with medical advice brought to your attention in the last 12 months? ☐ YES ☐ NO
   → Attach details.

5. Will the dose of ANY anti-epileptic medication be reduced?
   ☐ YES ☐ NO ☐ NOT TAKING ANTI-EPILEPTIC THERAPY
   → Is this because of dose-related side-effects? ☐ YES ☐ NO

6. Has a seizure resulted in a crash within the last 12 months? ☐ YES ☐ NO

7. Is there any additional information the driver licensing authority should consider when assessing this patient's fitness to drive? ☐ YES ☐ NO
   → Attach to this form

8. **First seizure:** Has the patient had only a single seizure? ☐ YES

9. **Acute symptomatic seizures:** Did all seizures occur during a SINGLE temporary brain disorder or metabolic disturbance (e.g. head injury, drug/alcohol withdrawal) in a person without ANY previous seizures? ☐ YES

10. **Newly-diagnosed:** Was treatment started in the last 18 months? ☐ YES
    Date treatment started? ……/……/……

11. **Previously well-controlled:** Were there any seizures in the 12 months leading up to the *last* seizure? ☐ YES ☐ NO
    → Was this last seizure provoked (e.g. sleep deprivation, fever, pro-convulsant medication, non-compliance, change of therapy)? ☐ YES ☐ NO
    → Is this likely to recur? ☐ YES ☐ NO
    → Has this happened before? ☐ YES ☐ NO

12. **Sleep-only seizures:** Has there EVER been a seizure while awake?
    ☐ YES ☐ NO
    → Was the 1st seizure more than 12 months ago?
    ☐ YES ☐ NO
    → Has there been a seizure while awake within the last 24 months?
    ☐ YES ☐ NO
    → Was the 1st sleep seizure more than 24 months ago?
    ☐ YES ☐ NO

13. **"Safe" seizures:** Have ONLY "safe seizures" occurred in the last 2 years i.e. Seizures that would not impair driving ability (this requires intact consciousness and ability to control the vehicle in an emergency)?
    ☐ YES ☐ NO
    → Has preservation of responsiveness been tested by a reliable witness or during video-EEG monitoring?
    ☐ YES ☐ NO

Signature …… Date ……../……/20…..

Name ……

AHPRA No: ……

Practice Address ……

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Telephone ……

e-mail ……