

Request for review by Paediatric Complex Epilepsy Service (PCES)

1. Referral details

Date of referral

Patient name

Date of birth

NHS number

Referring healthcare professional (with contact details)

Healthcare professional availability for MDT

2. Overview of clinical history

Recent weight

Hand dominance

Developmental status

Psychological comorbidity

Other concerns

Question focus

Main clinical history and features

[Empty box for clinical history and features]

3. Summary of previous investigations and assessments (with dates)

EEG

Neuroimaging

Laboratory/metabolic

Genetic

Neuropsychology

4. Treatment interventions

Current medications

Previous medications

Ketogenic diet

VNS

Other surgical interventions

5. Detailed questions and other comments for MDT

6. Record of MDT discussion

Date of MDT

Summary of discussion

Recommended actions