

Name _____

Epilepsy Management Plan

This plan should be current, accurate and easy to understand. The plan should be developed by the person or people who have the most knowledge and experience of the person's epilepsy and seizures. It is very important for the person with epilepsy to be part of this planning process. A team approach to developing a plan is often helpful. Epilepsy Queensland recommends this plan be reviewed and signed by the person's doctor.

Attach photo
if required

1.DATE _____ 2.DATE TO REVIEW _____

3.DATE OF BIRTH _____ CURRENT WEIGHT (kg) _____

ADDRESS _____ POSTCODE _____

PHONE _____ MOBILE _____

EMAIL _____

4.FIRST EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE (Home) _____

PHONE (Work) _____ MOBILE _____

EMAIL _____

SECOND EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE (Home) _____

PHONE (Work) _____ MOBILE _____

EMAIL _____

5.CURRENT EPILEPSY MEDICATION

NAME (eg sodium valproate)	DOSE REGIME (eg 8am-200mg / 8pm-400mg)

COMMENTS _____

6.HAS AN EMERGENCY EPILEPSY MEDICATION BEEN PRESCRIBED?

(Must attach separate Emergency Medication Management Plan) Yes No

15.ENDORSEMENT BY ONE TREATING DOCTOR / EPILEPSY SPECIALIST (only ONE endorsement is required)

YOUR DOCTOR / SPECIALIST'S NAME

SIGNATURE

PHONE

MOBILE

DATE

EPILEPSY PLAN COORDINATOR

NAME

PHONE

MOBILE

DATE

16.PEOPLE INVOLVED IN PREPARATION OF THIS PLAN

PERSON WITH EPILEPSY YES NO

CONTACT NAME

RELATIONSHIP

PHONE

MOBILE

EMAIL

CONTACT NAME

POSITION

ORGANISATION

PHONE

MOBILE

EMAIL

CONTACT NAME

POSITION

ORGANISATION

PHONE

MOBILE

EMAIL

CONTACT NAME

POSITION

ORGANISATION

PHONE

MOBILE

EMAIL

17.COPIES OF THIS PLAN ARE LOCATED AT

DOCTOR

ADDRESS

PHONE

EMAIL

SCHOOL

STAFF CONTACT

ADDRESS

PHONE

EMAIL

OTHER

CONTACT

ADDRESS

PHONE

EMAIL

OTHER

CONTACT

ADDRESS

PHONE

EMAIL



epilepsy
queensland | inc

For more information contact

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