



# Seizures Advice Request Form

Please complete this form in full

This form may be completed online, alternatively please complete the form in black ink and email to: **enquiries@nwspecialists.com** in addition to the supporting documents.

When we receive your information we will arrange an advice call which may last up to 15 minutes.

## Owner details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Practice details

Referring  
Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Insured?

Yes

☐

No

☐

Company \_\_\_\_\_

## Patient details

Name: \_\_\_\_\_

Age/DOB \_\_\_\_\_

Breed: \_\_\_\_\_

Species: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex:

M

☐

F

☐

N

☐

**Brief summary of case advice needed** (please do not attach clinical history)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagnosis**

(e.g. Idiopathic epilepsy): \_\_\_\_\_

**Investigations performed and results that helped to reach the diagnosis** (Please send the results of the investigations performed in a separate document attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents attached?

☐

Concomitant diseases and treatments:

Current medical treatments/medications (doses must be expressed in mg/kg and frequency e.g. phenobarbital 3 mg/kg BID):

Name of the drug	Date of treatment commencement	Date of last dose change	Current dose and frequency

Last anti-epileptic drug serum concentration results (please specify the unit (e.g. mg/dl) and send us the results in a separate file attachment):

Phenobarbital serum concentration result:

Potassium bromide serum concentration result:

Levetiracetam serum concentration result:

Zonisamide serum concentration result:

Date performed:

Date performed:

Date performed:

Date performed:

Document attached:

Document attached:

Document attached:

Document attached:

When was the last haematology and serum biochemistry performed? (Please send the results of the investigations performed in a separate document attached):

Documents attached? ☐

Seizure activity in the last 6 months:

Month	Number of seizures	Number of clusters (cluster = more than one seizure in 24 hours)

By submitting this form to Northwest Veterinary Specialists ("NWVS"), I/we confirm that I/we have express consent from the individual(s) concerned to transfer the personal data set out in this form to NWVS

What is your key question regarding this case?