

## ANP Children's Epilepsy Pathway 1: Presentation with first afebrile seizure – referral form:

Attached patient sticker
Name
DOB
MRN

Parent / carer name & contact details:

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Parent carer informed of referral:

Yes  No

Date of seizure and brief details

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Midazolam / medication required to abate seizure?

Yes  No

Video of event available?

Yes  No

Any other relevant information:

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Name and role of referring clinician

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