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| PATIENT NAME: |
| NHS NO: |
| DOB: |
| Tel: |
| Type of residence: (e.g., nursing home, with family, alone, etc) |
| Postcode: |
| Need of battery change discussed with … (specify) and operation accepted. |
| Epilepsy-related diagnosis(-es) / syndromes:  Type(s) of seizures: |
| Relevant medical history: |
| LD: YES / NO |
| Community LD Team: |
| Best interest meeting required: No / Yes ----> Outcome (Date): |
| Individual needs and risks (e.g. type of needed support, hoister, carer, behavioural issues): |
| Medications: |
| Seizure frequency reduction with VNS: <25% <50% <75%  Seizure intensity reduction with VNS: YES/NO  Reduction in use of emergency medications: YES / NO  Reduction in hospital admissions: YES/NO |
| Side effects: pain / discomfort / voice changes / sleep apnea / other: specify  Level of tolerance: (e.g. VNS-related daily life activities limitations) |
| Seizure worsening since battery warning? If yes, specify: |
| **VNS INFO AND SETTINGS:** Please attach .pdf of current “VNS Therapy Session Report” |
| Lifespan of current battery: |
| Year of first VNS implantation: |

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| **Comments:** |

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| Date: | Completed by: |