



# First Seizure Clinic Referral Form

Fax completed form to 519-663-3204

The First Seizure Clinic will NOT accept patients who are already started on anti-seizure medications, have a diagnosis of epilepsy, are outside catchment area (see website for details), are already followed by a neurologist, have provoked seizures (those caused by alcohol withdrawal, drug misuse, metabolic or electrolyte abnormalities, etc.)

In addition, patients require access to a primary care provider who can continue to support care after the First Seizure Clinic appointment has occurred. Patients without a primary care provider will be declined.

## Patient Information

**First Name:**

**Last name:**

**Middle Initial:**

**Preferred Name:**

**Address:**

**City:**

**Postal Code:**

**Preferred Phone Number:**

**Email Address:**

**Patient consents to appointment information being shared via text message or email:**

Yes (text)  Yes (email)

**Date of Birth:**

**Health Card Number (HIN):**

**Version Code:**

**WSIB Claim Number:**

**Other (self pay, research, or third party):**

**Sex Assigned at Birth:**  Female  Male

**Interpreter Required:**  Yes  No

**Language Required:**

**Accessibility Needs:**

First Available Appointment  Request Physician

**Requested Physician's Name:**

*\*Wait times vary by physician. A specific physician request may result in a longer wait time for the patient.*



## Patient History

### Primary Care Provider

**Provider Name:**

**City:**

### Referring Provider

**Provider Name:**

**Billing Number:**

**Professional ID:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Phone Number:**

**Fax Number:**

**Copy To:**

**Provider Signature:**

**Referral Date:**

**NOTE:** First Seizure Clinic Referrals require the review and completion of the First Seizure Clinic Primary Care Provider Agreement document below. If you are the Primary Care Provider, complete this form at the time of referral. If you are not (e.g., referrals from an Emergency Department), the First Seizure Clinic will facilitate signing of this Agreement with the patient's Primary Care Provider before an appointment is booked.



## First Seizure Clinic Primary Care Provider Agreement

The First Seizure Clinic is a resident-run initiative led by senior neurology residents who are volunteering their time to provide timely access for patients with a first unprovoked seizure. Without this service, many patients in our community would face delays of up to two years before being seen by a specialist.

### Information for Referring Primary Care Providers:

This clinic is intended for assessment of patients with suspected first unprovoked seizure. Referring providers must agree to resume long-term care of their patient. We will discharge patients back to primary care

- The patient has remained seizure-free for one year, OR
- We determine that the event was not a seizure
- If another suspected seizure event occurs after discharge, we recommend the referral to be sent to a general neurologist or directly to an epileptologist.

If a patient requires treatment with more than two anti-seizure medications without achieving stability, we will refer them to a local epileptologist for ongoing management.

### Driving and Medical Reporting Obligations

- Please counsel patients clearly about driving restrictions following a suspected seizure or loss of consciousness: Any seizure, fainting episode, or unexplained loss of consciousness requires the patient to stop driving immediately. By law, primary care providers (i.e., physicians and nurse practitioners) must report such events to the Ministry of Transportation (MTO). This is mandatory and non-negotiable.
- Patients must be seizure-free for at least six months before a primary care provider can submit a report to the MTO for license reassessment.
- If another seizure occurs during that period, the six-month count restarts.
- The MTO makes the final decision about license reinstatement; primary care provider may only confirm the period of seizure-freedom and provide relevant medical information.

### How Driving Reassessment Reports Are Handled

- Do not direct patients to the Resident Longitudinal Clinic (RLC) solely for driving form completion. This is a clinic run by residents who are volunteering their time and is targeted for patients who need active and timely neurological management.
- If the patient already has a scheduled seizure follow-up in the clinic, they may bring the MTO form to that visit.
- Otherwise, patients should arrange form completion with their primary care provider, who remain responsible for their long-term care.
- Any primary care provider can complete the MTO form, it does not need to be a neurologist or the same physician who completed it initially. (For example, many initial MTO forms are filled by the emergency room physicians, and they are not the one filling out the secondary form)



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### ***Primary Care Provider Agreement (SIGNATURE MANDATORY)***

One of our admission criteria to the First Seizure Clinic and Resident Longitudinal Clinic is that primary care providers remain active partners in the treatment of their patients. The First Seizure Clinic provides assessment, diagnostic clarification, and initiation of a treatment plan. Long-term follow-up, medication refills, and non-urgent documentation (e.g., MTO driving reports) are the responsibility of the primary care provider.

By signing below, you acknowledge your willingness to:

- Provide ongoing care to your patient once they are stabilized or discharged from the First Seizure Clinic.
- Complete MTO driving forms unless the patient already has a pre-scheduled follow-up with our clinic.
- Accept the patient back to your care if seizure-free for one year, if the event is determined not to be epileptic, or if they are discharged following completion of our treatment plan.
- If another suspected seizure event occurs after discharge, we recommend the referral to be sent to a general neurologist or directly to an epidemiologist.

**Primary Care Provider Name:**

**Signature:**

**Date:**