Functional Seizures Program
Referral Form

EPILEPSY Toronto
See the Person

Please note that accessing our functional seizure program, with the exception of psychoeducation, requires a **referral from a physician familiar with the client**. 2 pages.

Referred by: _____ Date: _____

Organization/Agency:_____ Phone: _____

Client Information:

Name: _____

Phone: _____ Can we leave a message? ○ Yes ○ No

Email address: _____

Preferred Method of Contact:

○ Phone ○ Email

Functional Seizure Semiology/Semiologies:

Seizure Semiology:	EEG Confirmed?
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

Epileptic Seizure Semiology/Semiologies (if applicable):

Seizure Semiology:	EEG Confirmed?
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

Unknown Etiology, Seizure Semiology/Semiologies (if applicable):

Seizure Semiology:

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The following section is for referrals into the neurobehavioural therapy program, '*Taking Control of Your Seizures*.' **All of the following criteria must be fulfilled in order for a person to be eligible to access *'Taking Control of Your Seizures*.' Please check all that apply:**

Eligibility criteria:

- ☐ Lives in Ontario and is 18 or older.
- ☐ Diagnosis of clinically established or documented functional seizures by a clinician experienced in diagnosis of seizure disorders.
- ☐ Ongoing functional seizures (at least 1 FS in month prior to accessing psychotherapy).
- ☐ Mixed functional seizures (FS) and epileptic seizures (ES) acceptable in circumstances where patient has been assisted in clearly delineating between their FS and ES.
- ☐ Fluent in both speaking and writing in English.
- ☐ Able to commit and engage with a 12-16 week psychotherapy that includes reading, writing and activities in between appointments.
- ☐ Has access to stable internet connection and a personal device and/or is able to meet for sessions at our downtown Toronto office.
- ☐ Has had a psychiatric assessment or psychological evaluation since onset of seizures (preferred but not required).

Exclusion Criteria:

- ☐ Is **not** currently engaging in self-harm.
- ☐ Is **not** currently experiencing suicidal ideation with intent to harm.
- ☐ Is **not** experiencing active substance use or dependence **that could interfere with psychotherapy.**
- ☐ Does **not** have a serious illness outside of FS **that could interfere with psychotherapy.**
- ☐ Does **not** experience a level of cognitive impairment that would prevent participation in a time-limited structured psychotherapy using a workbook.

Please send referral to Epilepsy Toronto by fax 416.964.2492 or email info@epilepsytoronto.org