



## OSCE Checklist: Seizure History Taking

Opening the consultation	
1	Wash your hands and don PPE if appropriate
2	Introduce yourself to the patient including your name and role
3	Confirm the patient's name and date of birth
4	Explain that you'd like to take a history from the patient
5	Gain consent to proceed with taking a history
Presenting complaint	
6	Use open questioning to explore the patient's presenting complaint
History of presenting complaint	
7	Establish if there is a collateral history or objective evidence (e.g. video) of the event
8	Ask about events immediately before the seizure (e.g. pre-syncopal symptoms, change in position) which may indicate a syncopal episode or other seizure mimic
9	Ask about features which may indicate the underlying aetiology of the seizure (e.g. severe headache, recent head injury)
10	Identify core features of the episode and obtain seizure description
11	Clarify duration of seizure and how the seizure was terminated (spontaneously or with drugs)
12	Ask about events immediately following the seizure (e.g. post-ictal features, evidence of tongue biting)
13	Screen for injuries sustained during the seizure (e.g. joint dislocations)
14	Explore the patient's ideas, concerns and expectations
15	Summarise the patient's presenting complaint
Systemic enquiry	
16	Screen for relevant symptoms in other body systems
Past medical and surgical history	
17	Ask if the patient has a history of epilepsy and explore any triggers which may have lowered their seizure threshold (e.g. stress, poor sleep, alcohol, recreational drugs, missed medication or new prescriptions)
18	Ask if the patient has any other medical conditions
19	Ask if the patient has had any relevant surgical procedures
20	Ask if the patient has any allergies and if so, clarify what kind of reaction they had to the substance
Drug history	
21	Ask if the patient is currently taking any prescribed medications or over-the-counter remedies
22	Ask about recent medication changes (e.g. new medications, recently stopped medications, dose changes)

<b>Family history</b>	
<b>23</b>	Ask the patient if there is any family history of seizures or unexplained sudden death
<b>Social history</b>	
<b>24</b>	Explore the patient's general social context
<b>25</b>	Take a smoking history
<b>26</b>	Take an alcohol history
<b>27</b>	Ask about recreational drug use
<b>28</b>	Gather details about the patient's occupation
<b>29</b>	Enquire if the patient drives and provide appropriate advice
<b>30</b>	Asks about children/dependents, sleep, bathing/swimming and family planning (more relevant to patients with epilepsy)
<b>Closing the consultation</b>	
<b>31</b>	Summarise the salient points of the history back to the patient and ask if they feel anything has been missed
<b>32</b>	Thank the patient for their time
<b>33</b>	Dispose of PPE appropriately and wash your hands
<b>Key communication skills</b>	
<b>34</b>	Active listening
<b>35</b>	Summarising
<b>36</b>	Signposting

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