My epilepsy



Use this template to help you decide what to tell your employer about your epilepsy.

This template can be used to prepare for a conversation with your employer about your epilepsy or to help with filling in a seizure action plan at work. It’s been created to help you bring together key information about your epilepsy and to help you prepare for talking about your epilepsy at work.

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| **Your epilepsy** |
| **How long do your seizures usually last and how frequent are they?**  *Ask your doctor or epilepsy specialist nurse if you are not sure.* |
| **How long have you had epilepsy?** |

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| **Your seizures** | |
| What are your seizures called? List the type(s) of seizure(s) you have. | What usually happens to you when you have a seizure? [How long do they last and what the signs and symptoms before, during and after] |
| **Seizure type** | **Description** |
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| **Your seizures** |
| **When did you last have a seizure?** |
| **How often do you tend to have seizures? Is there a pattern?**  Daily  Weekly  Monthly  Infrequently  Only when awake  Only when asleep |
| **Describe any patterns…** |
| **Are there any triggers for your seizures?** |
| **What should people do to help when you have a seizure?** |
| **Are you at risk of seizures that last for more than 5 minutes or clusters of seizures without recovering in between?** |
| **What should people do if a seizure lasts for more than 5 minutes or longer than usual?** |

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| **Your seizures** |
| **What support do you need after a seizure? How long does it usually take you to recover?** |

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| **Your treatment** |
| **If you need to take your medicine at work, do you need any support to do so? For example, a safe place to store it.** |
| **Do you have any side-effects?** |
| **Do you have a prescription for emergency or rescue medicine?**  Yes  No  **If yes, do you need staff at work to receive training to give you emergency or rescue medicine?** |
| **Do you use any other treatments?** |
| **How often do you see a medical specialist?** |

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| **Your contacts** |
| **Consider who you want to be contacted and for what reasons. For example, if a seizure lasts longer than usual and you need taking home, or if an ambulance has been called.** |
| **Under what circumstances would you want somebody to be contacted?** |

**Emergency contacts** – say if there is an order of preference

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| **Name** |  |
| **Relationship** |  |
| **Contact number (s)** |  |
| **Address** |  |

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| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Contact number (s)** |  |
| **Address** |  |

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| **How epilepsy affects you** |
| **Epilepsy has an impact beyond simply having seizures. Think about how epilepsy makes you feel, how it affects your life and what support helps you.** |
| **How does your epilepsy affect you day to day?**  Things you might want to consider:  Memory problems  Not being able to drive  Anxiety  Safety  Wellbeing  Sleep |
| **Describe the impact epilepsy has on you** |
| **What things help you to manage your epilepsy?** |

Now you have completed this template there might be information that you want to share with your employer. For example, to talk about reasonable adjustments or to help with completing a seizure action plan.

This template is part of the Epilepsy Action Employer toolkit. See [**employers.epilepsy.org.uk**](https://employers.epilepsy.org.uk/)

for more resources to help support people with epilepsy at work.

Epilepsy Action is the working name of British Epilepsy Association, a registered charity in England and Wales (No. 234343) and a company limited by guarantee (No. 797997) in England.

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