

Doctor's Notes

Patient Details

Name: John Doe

DOB: 1975-04-22

NHS Number: 987 654 3210

Address: 15 Oakwood Lane, Manchester, M14 5AA

Phone: 0161 123 4567

General Practitioner

Name: Dr. Sarah Johnson

Practice: Oakwood Medical Practice

Address: 10 Maple Road, Manchester, M20 3XY

Phone: 0161 765 4321

Past Medical History

- Temporal Lobe Epilepsy (Diagnosed: 2004-06-10)
- Hypertension (Diagnosed: 2015-08-20)

Hospital Admissions

Date: 2021-08-15 - 2021-08-16

Reason: Seizure episode

Consultant: Dr. Sarah Evans

Specialty: Emergency Medicine

Previous Ward Notes

Date: 2004-03-10

Consultant: Dr. Emma Clarke (Neurology)

Location: St. Mary's Hospital, Neurology Clinic

Reason: Seizure management

Notes: Mr. Smith was referred to neurology after a history of seizures that started approximately 20 years ago. Initially, his seizures were well-controlled with carbamazepine. However, over the past year, the frequency has increased, prompting a referral for assessment.

Plan: Continue carbamazepine. Follow-up if seizures increase.

Date: 2015-03-10

Consultant: Dr. James Patel (Neurology)

Location: St. Mary's Hospital, Neurology Clinic

Reason: Seizure control concerns

Notes: Mr. Smith presented with increased seizure frequency. Carbamazepine was no longer effective. Switched to sodium valproate but developed nausea. Alternative treatment required.

Plan: Discontinue sodium valproate. Start Levetiracetam. Follow-up in 3 months.

Date: 2020-02-01

Consultant: Dr. Sarah Evans (Neurology)

Location: St. Mary's Hospital, Neurology Clinic

Reason: Seizure management review

Notes: Levetiracetam caused mood disturbances, so switched to Lamotrigine. Seizure control has improved with no further episodes.

Plan: Continue Lamotrigine 50mg BD. Follow-up in 6 months.

Date: 2021-08-15

Consultant: Dr. Karen Lee (Emergency Medicine)

Location: St. Mary's Hospital, Emergency Department

Reason: Severe headache and dizziness

Notes: Presented with severe headache and dizziness, but no neurological symptoms. Examination showed no focal deficits. Likely vestibular or tension headache.

Plan: Advise GP follow-up. No changes to epilepsy management.