

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.

|  |
| --- |
| **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?**  |

|  |
| --- |
| **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** |
|   |   |

|  |
| --- |
| **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?**  |

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

|  |
| --- |
| **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?**  |

|  |
| --- |
| **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

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

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

|  |
| --- |
| **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.

© Copyright Epilepsy Action 2024 **Published** November 2024 **To be reviewed** November 2027