



Neurobehavioral Therapy Group for Functional Seizures Referral Form

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

Please complete in detail and attach relevant documentation confirming the diagnosis of functional seizures. **Referrals received without documentation will not be accepted.**

Referred by: _____ Date: _____

Organization/Agency: _____

Phone: _____ Email: _____

Client Information:

Name: _____

Phone: _____ Can we leave a message? Yes No

Email address: _____

Preferred Method of Contact: Phone Email

Functional Seizure Semiology/Semiologies:

EEG Confirmed?

	Yes
	No
	Yes
	No
	Yes
	No
	Yes
	No

Epileptic Seizure Semiology/Semiologies (if applicable):**EEG Confirmed?**

	Yes No
	Yes No
	Yes No
	Yes No

The following section is for referrals into the neurobehavioural therapy group. **All of the following criteria must be fulfilled in order for a person to be eligible to move to the next phase of screening. 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 the diagnosis of seizure disorders.

Ongoing functional seizures (at least 1 FS in the month prior to accessing psychotherapy).

Fluent in speaking and writing in English.

Able to commit and engage with a 7- week group that includes reading, writing and activities between appointments (moderate to severe learning disability may be a barrier).

Access to a stable Internet connection and personal device.

No history of alcohol/drug abuse/misuse in the past year.

Not currently experiencing epileptic seizures.

No current suicidality with intent to harm.

Please send referral to Epilepsy Toronto along with **supporting medical documentation (EEG where a typical event(s) occurred, and/or EMU discharge documentation)** by secure fax to 416.964.2492.