LINER LEGAL
DISABILITY LAWYERS

SEIZURE DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name:_____ Date:_____

Provider Name / Specialty:_____

SECTION 1 — DIAGNOSIS, DURATION, AND LONGITUDINAL COURSE

Seizure disorder diagnosed and managed by a treating provider? ☐ Yes ☐ No

Primary seizure type(s) (check all that apply):

☐ Generalized tonic-clonic
☐ Focal seizures with impaired awareness
☐ Focal seizures without impaired awareness
☐ Absence seizures
☐ Other:_____

Date seizures first became clinically significant:_____

Condition expected to last ≥ 12 months? ☐ Yes ☐ No

Overall course over time:

☐ Stable ☐ Improved with treatment ☐ Persistent despite treatment ☐ Fluctuating / unpredictable

SECTION 2 — SEIZURE FREQUENCY, DURATION, AND TREATMENT COMPLIANCE

Average seizure frequency despite prescribed treatment:

☐ Less than once per month ☐ 1–2 per month ☐ 1 per week ☐ 2–3 per week ☐ 4+ per week

Typical duration of seizure episodes:

☐ Seconds ☐ <1 minute ☐ 1–5 minutes ☐ >5 minutes

Treatment compliance:

☐ Patient is compliant with prescribed anti-seizure medication
☐ Compliance is limited by side effects or tolerance
☐ Breakthrough seizures despite compliance

SECTION 3 — POST-ICTAL EFFECTS AND RECOVERY TIME

Following a seizure, the patient typically experiences (check all that apply):

☐ Confusion/disorientation ☐ Extreme fatigue ☐ Headache
☐ Muscle soreness ☐ Cognitive slowing ☐ Speech difficulty ☐ Need to sleep

Typical recovery time required before baseline functioning returns:

☐ No recovery time ☐ Several hours ☐ Remainder of the day
☐ 1 full day ☐ More than 1 day

LINER LEGAL
DISABILITY LAWYERS

SEIZURE DISORDERS
MEDICAL SOURCE STATEMENT

SECTION 4 — FUNCTIONAL IMPACT, SAFETY, AND WORK SUSTAINABILITY

Seizures or post-ictal symptoms result in inability to reliably:

☐ Maintain attention or pace ☐ Perform tasks independently

☐ Remain oriented to task demands ☐ Work safely around others

☐ Remain in the workplace following an episode

Due to seizures and post-ictal recovery, the patient would be away from the work task (off-task and/or absent) approximately:

☐ 0% ☐10% ☐15% ☐20%+

Likely absences per month due to seizures or recovery:

☐ None ☐1 ☐2 ☐3+

SECTION 5 — ENVIRONMENTAL AND WORKPLACE RESTRICTIONS

Environmental factors that may precipitate or worsen seizures (if applicable):

☐ Flashing or bright lights ☐ Loud noise ☐ Stress ☐ Sleep disruption ☐ Heat

☐ Other:

Workplace accommodations (e.g., reduced exposure, supervision) would still fail to prevent episodes or recovery-related absences? ☐Yes ☐No

SECTION 6 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment, including review of seizure logs or third-party reports?

☐ Yes ☐ No ☐Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____