

Referral to a neurologist: first witnessed tonic-clonic seizure



Assume that today's date is 22 October 2026. Ms Yilmaz was discharged from the Emergency Department this morning. You are a doctor in the Emergency Department. Using the information in the case notes, write a letter to Dr Wiremu Tuhiwai, Consultant Neurologist, urgently referring Ms Yilmaz for specialist assessment and further investigation of a first witnessed tonic-clonic seizure. Address the letter to Dr Wiremu Tuhiwai, Consultant Neurologist, First Seizure Clinic, Department of Neurology, 40 Hospital Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|---|--------------------------|--------------------------|--------------------------|
| 1. Name: Ms Parisa Yilmaz | ☐ | ☐ | ☐ |
| 2. DOB: 14/03/1995 (31 yrs) | ☐ | ☐ | ☐ |
| 3. Address: Flat 3, 22 Park Road | ☐ | ☐ | ☐ |
| 4. ED attendance: 21/10/26 (22:40); discharged 22/10/26 (09:00) | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 5. Secondary school maths teacher; lives with partner | ☐ | ☐ | ☐ |
| 6. Drives to work daily (25 min); no public transport near home | ☐ | ☐ | ☐ |
| 7. Sings in community choir; planning overseas holiday with partner in 2/12 | ☐ | ☐ | ☐ |
| 8. Partner's mother told staff pt 'has always been highly strung' | ☐ | ☐ | ☐ |
| 9. Alcohol ~6 std drinks/wk; non-smoker; denies recreational drugs | ☐ | ☐ | ☐ |

Medical history

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|--|--------------------------|--------------------------|--------------------------|
| 10. No previous recognised convulsive seizures or diagnosed epilepsy; nil febrile convulsions or head injury | ☐ | ☐ | ☐ |
| 11. Appendicectomy age 12 | ☐ | ☐ | ☐ |
| 12. Childhood asthma — resolved, no inhalers since teens | ☐ | ☐ | ☐ |
| 13. Medications: combined oral contraceptive pill | ☐ | ☐ | ☐ |
| 14. Allergies: penicillin (rash) | ☐ | ☐ | ☐ |
| 15. FHx: maternal cousin — epilepsy | ☐ | ☐ | ☐ |

Presentation

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|---|--------------------------|--------------------------|--------------------------|
| 16. Witnessed by partner at home 21/10 ~22:00: sudden LOC, no warning; stiffening → rhythmic jerking all 4 limbs ~2 min | ☐ | ☐ | ☐ |
| 17. Cyanosed during episode; urinary incontinence; lateral tongue bite | ☐ | ☐ | ☐ |
| 18. Post-ictal confusion ~20 min; then drowsy, headache, muscle aches | ☐ | ☐ | ☐ |
| 19. Poor sleep past 1/52 (report writing, ~4 hrs/night); 2 glasses wine with dinner | ☐ | ☐ | ☐ |

Presentation

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|--|--------------------------|--------------------------|--------------------------|
| 20. On questioning: occasional brief arm jerks in early morning x 6/12; once dropped a cup | ☐ | ☐ | ☐ |
| 21. Complained about 3-hr wait for CT scan | ☐ | ☐ | ☐ |

Examination & investigations

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|--|--------------------------|--------------------------|--------------------------|
| 22. Review 01:00: GCS 15, alert, oriented; neuro exam normal; no injuries apart from tongue bite | ☐ | ☐ | ☐ |
| 23. Obs: HR 82, BP 124/76, afebrile | ☐ | ☐ | ☐ |
| 24. CT brain (non-contrast): normal | ☐ | ☐ | ☐ |
| 25. FBC, UEC, glucose, Ca, Mg, LFTs: all normal; urine β-hCG negative | ☐ | ☐ | ☐ |
| 26. ECG: sinus rhythm, normal intervals | ☐ | ☐ | ☐ |

Management & plan

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|--|--------------------------|--------------------------|--------------------------|
| 27. Observed overnight — no further events; antiseizure medication not started (for specialist decision) | ☐ | ☐ | ☐ |
| 28. Driving: must not drive unless medically cleared and permitted under applicable national licensing standards (seizure-free period applies; neurology review alone does not lift restriction); advised to notify licensing authority — pt understands | ☐ | ☐ | ☐ |
| 29. Safety advice: shower not bath, no swimming alone, avoid heights; partner given seizure first aid; call ambulance immediately if breathing difficulty, serious injury, seizure in water or not regaining responsiveness; also if seizure lasts 5 min or longer or repeated seizures without recovery between | ☐ | ☐ | ☐ |
| 30. Advised regular sleep, limit alcohol | ☐ | ☐ | ☐ |
| 31. Urgent referral neurology first seizure clinic: specialist assessment within 2/52; EEG ASAP (ideally within 72 hrs); MRI brain requested | ☐ | ☐ | ☐ |
| 32. Discharge summary sent to GP; GP follow-up 1/52 | ☐ | ☐ | ☐ |
| 33. Medical certificate: 1/52 off work | ☐ | ☐ | ☐ |