EM Oldham Saving lives, Improving lives

NHS
Oldham Care Organisation
Northern Care Alliance NHS Group

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FIRST SEIZURE REFERRAL LETTER

Name: …… DOB: ……..

NHS Number: ……

Address: ……
……

Contact number: ……

Dear *Neurology*,

This patient attended the Emergency Department at the Royal Oldham Hospital on …….. following a presentation with suspected first seizure.

History and Examination findings:
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Clinical course:
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Blood results enclosed ☐ ECG enclosed ☐

They were discharged on…….. and given a patient discharge information sheet including seizure record forms.

Many thanks for reviewing him / her in your clinic.

Yours sincerely,

Signed. …….. Name ……

Designation. …….