



Evidence Search Request Form	Date:				
Personal details					
Name:	Email:				
Job title:	Organisation or Site:				
Department:	Telephone:				
Reason for search (please tick all that apply)					
Clinical Decision Making/Guideline/Procedure	Patient Information/Enquiry				
Knowledge Management/Management Decision Making					
Research/Education/Professional Development	Other:				
What is the background to this search? What is	s your subject or enquiry?				
compared to no treatment (Comparison) result in seizure reduction (Outcome) Keywords or Subject Headings (Please provide as much detail as possible)					
Patient, problem or population					
Intervention e.g. type of treatment, diagnostic test					
Comparison (optional) What are the main alternatives?					
Outcomes					

Further Information e.g. al	ternative terminolo	ogy, phrases, s	pecific sources, key artic	cles	
Limits: please specify if appropriate					
Date articles published: (range	or no limit)				
Last 2 years	5 years		10 years		
Human / Animal studies/both					
Male/Female/both					
Age: Please tick all that apply					
Infant (to 1 yr)	Child (unspeci	fied age)	Adolescent (13 to 17 yrs)		
Adult	Older Adults				
Are there any topics you would like us to exclude?					
How many references do you need/expect – please tick <u>one</u> box only					
A few key articles/ reports etc. (under 10)					
A comprehensive search of the databases (CINAHL, Medline etc) (between 20-40)					
A comprehensive + expanded search for guidelines, reports standards etc.					
Results					
Results are generally sent out as a Word Document. If you would like to receive your results in a different format, please specify here:					
Would you like us to copy the results to anyone else? (please give email address)					
Timescale for receiving receiving					
Timescale for receiving results					
We aim to complete searches within 10 working days , unless specified as urgent. It is therefore important to give us a specific date in order to help with our work planning. (Please do not put ASAP)					
Please bear in mind that receiving full text articles may take an extra few days.					
Deadline for completion:					
Please return this form to the library or email it to library.sfht@nhs.net					
Library Use only					
Search completed by:		Date:			