

SEIZURE RECORD - for people with epilepsy
 - to be filled out by patient or parent/carer

YEAR

Doctor's instructions - record all seizures
 - keep record only if pattern changes
 - other

Seizure descriptions (to be described after discussion between doctor and parent or carer)

Seizure type **A**

Seizure type **B**

Seizure type **C**

Other symbols may be included in the record, for example: M = menstruating, F = fever, N = night,
 others (as relevant).....

	For each seizure – record date plus seizure type (A, B or C) plus other symbols eg 3 AAM ; 7B; 14CB and duration
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Anti-convulsant medication details (at the time of starting this sheet):