

Seizure Record Chart

Name: _____

Date of Birth: _____

Month: _____

Year: _____

| | Total |
|----------------|-------|
| Seizure type 1 | |
| Seizure type 2 | |
| Seizure type 3 | |
| Seizure type 4 | |

| Date | Time | Seizure Type | Awake/Asleep | Emergency Medication | Possible Trigger | General Comments |
|------|------|--------------|--------------|----------------------|------------------|------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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| 10 | | | | | | |
| 11 | | | | | | |
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| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
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| 24 | | | | | | |
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| 31 | | | | | | |