

Minnesota Epilepsy Group, P.A

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SEIZURE RECORD

Name _____

Month _____

Filled out by _____

Coding for Multiple Seizure Types

A _____

B _____

C _____

D _____

Monthly Totals

Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Sun _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____

Name of medications:

1. _____
2. _____
3. _____
4. _____

Were medications changed during the month:

____ Yes _____ No

If yes, please explain: _____

Seizure control this month:

____ better _____ same _____ worse

Side effects from medicines this month:

____ better _____ same _____ worse

Other comments: _____

Were you hospitalized this month?

____ Yes _____ No

What was the reason for the hospitalization?

Other comments: _____

INSTRUCTIONS:

On the front side in Coding for Multiple Seizures Types A through D, write down a description of each seizure type. The first type is [A], the second type is [B], etc.

Example: Type A: stares - no response
Type B: clusters of head drops (4-5 times/cluster)

Use the letters A, B, C, D, to refer to the type of seizure that occurred. On the calendar, record the number of episodes, time, and duration, and if emergency medication has been required to interrupt seizures.

Write any additional modifying factors on the calendar for that day (example: illness, lack of sleep, menses, medication changes, etc.).

Example

Fri 5 th _____ A = 5-2 sec. Each B = 2-2 sec. Each Stomach flu – threw up meds	Sat 6 th _____
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