Seizure Record

IntellectAbility®
REPLACING RISK WITH HEALTH AND WELLNESS

Name: _____ **Case#:** _____

Date	Time	How Long?	Unusual Seizure? (check one)		Staring? (check one)		Jerking? (check one)			After Seizure (check one)			Rescue Med?		ER Visit?		Signature/Title
			Y	N	Y	N	L	R	B	Tired	H/A	Sleep	Y	N	Y	N	

Abbreviations:
Y = Yes **N** = No **L** = Left **R** = Right **B** = Both **H/A** = Headache