Seizure Record Form Name_____DOB_____ Tel/mobile_____

Table 1: record description of seizure(s) below

Seizure type	Typical seizure length	Key description of seizure
● Tonic-clonic (example)	1-3 mins	Fall to ground | limbs jerking | unconscious | drooling
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x		
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★		

How to use this Seizure Record Form

In **Table 2**, record the daily number and type of seizure(s), and any special events that may occur, using key/symbols below.

D / N Time of seizure (i.e. during the day/night)

⛨ An emergency event has occurred

⚠ ALERT! This seizure presentation may have changed

℞ Medication change

In **Table 3**, record additional details of special events.

Table 2: Record your seizure activity below

MM/YY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total seizures

Table 3: Record additional details of seizure event below

Date	Time (day/night)	Seizure type	Additional details (e.g. length of seizure, different presentation, emergency medication used, triggers, changes in behaviour before seizure, recovery, any additional information to be discussed with the doctor)