

SEIZURE

Date Diagnosed:	
Past/Present History:	
Family	
Previous Treatment:	

Newly Diagnosed:		Date	Finding
	EEG		
	Neurology Consultation		

Patient Education:	Date	Education	Provider
		Medications	
		Follow-up (lab, exam)	
		Safety Precautions	

Seizure Activity:	Date	Activity/Injury

Visit Date:														
Weight:														
Medications:														
1.														
2.														
3.														
4.														
Lab: SMAC														
CB														
Medication Level:														

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality:	5. Facility: