epilepsy foundation of victoria

Seizure record for

NAME OF PERSON COMPLETING THIS FORM

PHONE

DATE	TIME OF THE DAY/NIGHT	HOW LONG SEIZURE LASTED

DESCRIPTION OF THE SEIZURE AND OTHER INFORMATION TO BE DISCUSSED WITH THE DOCTOR:

DATE	TIME OF THE DAY/NIGHT	HOW LONG SEIZURE LASTED

DESCRIPTION OF THE SEIZURE AND OTHER INFORMATION TO BE DISCUSSED WITH THE DOCTOR:

For more information Epilepsy Foundation of Victoria 818 Burke Road Camberwell VIC 3124
phone (03) 9805 9111 or 1300 852 853 fax (03) 9882 7159 web www.epinet.org.au