

## SEIZURE RECORD

**YEAR** \_\_\_\_\_

DATE	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1												
2												
3												
4												
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25												
26												
27												
28												
29												
30												
31												
Monthly Total												

**DATE OF LAST SEIZURE PRIOR TO CURRENT YEAR:** \_\_\_\_\_

**INSTRUCTIONS:**

1. Place current year on the line provided at top of form.
2. Note the date of last recorded seizure prior to current year on the line provided below the table.
3. Note the number of seizure activity in the appropriate space (i.e., month, day) that seizure activity occurred.
4. Refer to the progress note on the same month/date for a description of the seizure activity.
5. Total the number of seizures per month in the space provided.

Stamp Plate