

Preparing for your Appointment: SEIZURE

Write down your symptoms:

- When did your seizures begin?

- Do you have a known health condition that may be the cause of your seizures?

- Seizure signs and symptoms depend upon what area of the brain is involved. These may include but are not limited to:
 - Loss of awareness
 - Staring
 - Confusion (momentary)
 - Temporary behavior or emotional changes
 - Jerking movements of the body
 - Abnormal taste and smell sensations

How would you or someone who witnessed your seizure describe the event(s)?

- How often do you have seizures?

- Is there anything that you are aware of that can trigger a seizure?

Keep a diary of your seizure frequency and bring it to your appointment (see attachment at end).

- Do you have any family history of seizure?

- Are you currently or have you previously taken medications for seizures? Please bring a medication list to your appointment (**see medication form at end**).

Bring seizure related records to your appointment:

- Have you seen a medical provider for this condition? If so, what testing and treatment have been provided?

Seizures Diary

Seizure Type A: _____ **Seizure Type B:** _____

Seizure Type C: _____ **Seizure Type D:** _____

Medications taken: _____

Day#	Sleep Seizures	Waking Seizures	Time of Seizures	Comments
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				

Seizure Diary Instructions

A seizure diary is helpful for recording the number of different types of seizures, identifying possible triggers, and monitoring your response to therapy. Each seizure is recorded in the diary, including the time it occurred, medication changes, menstrual cycle or illness.

1. Record ALL seizures that occur over 31 days. Once you have completed one Seizure Diary for 31 days, you will need to start another page on Day #1.
2. Seizure Types. If you have more than one type of seizure, fill in the “Seizure Types” at the top of the page. This assigns each seizure type to a letter code that you will enter in the Diary. If you experience only one type of seizure, you can skip this step.
3. As seizures occur, record them in the chart. If they occurred during sleep, write them in the “sleep seizure” column. If they occurred while you were awake, write them in the “waking seizures” column.
4. Record the number of seizures that occurred during that time using the letter code to describe the seizure type. For instance if you had two “B type” seizures while you were awake, you would write 2B in the “waking seizure” column.
5. Record the time the seizures occurred in the next column.
6. If no seizure occurred during the day, write “no seizure.”
7. Use the Comments column to write down any additional information, such as:
 - Changes in the type or dose of your anti-epileptic medication (s).
 - Any missed doses of medication.
 - Any illnesses or physical symptoms.
 - For women, note if you are premenstrual or having your period.
 - Any other medications you have taken, including over the counter and herbal medications.
 - Make note of any other factors that you think might be a trigger for the seizure, such as alcohol, mood changes, bad news, excitement, stress, missed or delayed meals, or excessive fatigue.
8. Add up the totals of the end of the month.

The following examples illustrate how to use the Diary.

- Example for 1st Day: If you had one seizure while you were awake, of the type which you described as type “B”, you would write ‘1B’ in the column for waking seizures. If no seizure occurred while asleep, write “no seizure” in the “sleep seizures” column.
- Example for 2nd Day: If you had no seizures during the day or night, write “no seizure” in both columns.
- Example for 3rd Day: If you had one seizure while sleeping, of the type you described as type “A”, you would write 1A in the Sleep Seizure” column. If you had one seizure while awake, of the type you described as type B, you would write “2B” in the waking seizures” column.

Seizure #	Sleep Seizure	Waking Seizures	Time of Seizure	Comments
1	No seizure	1B	7a	Feeling stressed, missed morning dose
2	No seizure	No seizure		
3	1A	1B	2am, 3pm	Period started in afternoon. Headache

UNIVERSAL MEDICATION FORM

Patient:

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies.
3. Take this form to **ALL** doctor visits, when you go for tests and **ALL** hospital visits.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to **keep it up-to-date.**
5. In the NOTES column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING.** Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.

HOW DOES THIS FORM HELP YOU?

1. This form helps you and your family members **remember** all of the **medicines you are taking.**
2. Provides your doctor(s) and others with a **current list of ALL of your medicines.** Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!
3. **Helps you**—concerns may be found and prevented by knowing what medicines you are taking.