Seizure Reporting Form

Consumer: _____

Neurologist: _____ MD Phone _____

Date M/D/Y	Time AM/ PM	Seizure Duration	Seizure Type A->G	Description of Seizure.	VNS/O2 use	Other :Describe (see back of Page)

EMERGENCY TREATMENT FOR SEIZURES:

* Refer to Consumer seizure protocol
* Prevent injury, DO NOT restrain
* Loosen tight clothing
* Time the seizure
* **Emergency Pager Number (720) 841-3122**

Initial	Printed name

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