

My Severe Seizure Plan

Answer the questions on the this sheet. Keep it near the phone or another easily accessible location. Make copies for other individuals who may need to provide support if you have a severe seizure.



Always seek medical attention if a seizure lasts more than 5 minutes.



Date: _____

MY PERSONAL INFORMATION

My doctor's name: _____

address: _____ phone number: _____

My pharmacy _____

address: _____ phone number: _____

What medications am I taking? (Keep this updated.) _____

My allergies, if any: _____

My emergency contacts

name: _____ phone number: _____

name: _____ phone number: _____

Information about my seizures

Keep a log of your medications, seizures and their triggers -- and bring it to your next doctor visit.

My medications: _____

Dosage: _____ Missed Dose date: _____

Other treatments: _____

My seizure triggers: _____

My seizure log

Type of seizure: _____

What happened during the seizure? _____

How long did it last? _____

Did you have more than one? _____ **If so, how many?** _____