



# Seizure Journal

## ***Personal Information:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ***In case of emergency:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## How to Use Your Calendar:

This booklet will help you keep an accurate record of your seizures. On the next page, please list the type or types of seizures you experience.

When you record your seizures on the calendar, list the type of your seizure with the letter, duration and the number of that seizure type you had that day.





Seizure Type and Description:

*A.* \_\_\_\_\_

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*B.* \_\_\_\_\_

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*C.* \_\_\_\_\_

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Month:						Year:
Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday
Notes/Questions: _____						
_____						
_____						
_____						

Month:						Year:
Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday
Notes/Questions: _____						
_____						
_____						
_____						

Month:						Year:
Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday
Notes/Questions: _____						
_____						
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Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday
Notes/Questions: _____						
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Notes/Questions: _____						
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_____						



Month:						Year:
Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday
Notes/Questions: _____						
_____						
_____						
_____						

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday

Notes/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month:						Year:
Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sunday
Notes/Questions: _____						
_____						
_____						
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## Contact Us



651-241-5290  
Fax 651-241-5248

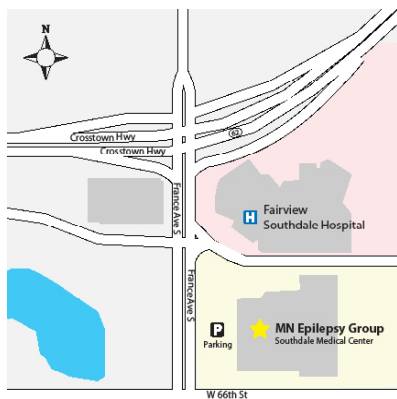


[www.mnepilepsy.org](http://www.mnepilepsy.org)

## Locations



*EDINA - SOUTHDALE MEDICAL BUILDING*  
6545 FRANCE AVE. S., SUITE 335  
EDINA, MN 55435



*ST. PAUL - NASSEFF SPECIALTY CENTER*  
225 SMITH AVE N SUITE 201  
ST. PAUL, MN 55101

