Monthly Seizure Diary

Name…………………………………………………………………………………………………………………………..

Date of Birth…………………………………………………………………………Age………………………………..

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| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Seizure Length**  | **Seizure Type**  | **Extra Info:** *Any triggers? Missed doses? Emergency medication taken? Recovery? How long did it take to feel back to normal?* |
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Please send your seizure diary at the end of every month to EpilepsyNurses@wsh.nhs.uk