Monthly Seizure Diary

Name……..

Date of Birth……Age……..

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?*

Please send your seizure diary at the end of every month to EpilepsyNurses@wsh.nhs.uk