



## Seizure Monitoring Report

<b>Individual's Name:</b>		<b>Month:</b>	<b>Year:</b>
Seizure Description			
Date _____	Injury? ___ no ___ yes If yes, please explain: _____	<b>✓ Any if Occurred:</b> ___ Hard Jerking of Body ___ Unconsciousness ___ Behavior Change ___ Incontinent (Bowel/Bladder) ___ Lips Turned Blue	Please comment/ describe your observation: _____ _____ _____
Time: _____ am ___ pm	_____		
Length: _____	_____		
Grand: _____ Petit: _____			
<b>Staff Signature:</b>		<b>Date:</b>	
Date _____	Injury? ___ no ___ yes If yes, please explain: _____	<b>✓ Any if Occurred:</b> ___ Hard Jerking of Body ___ Unconsciousness ___ Behavior Change ___ Incontinent (Bowel/Bladder) ___ Lips Turned Blue	Please comment/ describe your observation: _____ _____ _____
Time: _____ am ___ pm	_____		
Length: _____	_____		
Grand: _____ Petit: _____			
<b>Staff Signature:</b>		<b>Date:</b>	
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Time: _____ am ___ pm	_____		
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