FAMILY TOUCH SEIZURE LOG

	This form may be emailed to FamilyTouchReporting@gmail.com						
	Member Name:		DOB:		Month/Year:		
Family Touch	Neurologist / PCP:			Phone	Number:		

Injury is the number one immediate concern if a member experiences a seizure. It is important for Providers to stay calm and use the techniques of your first aid training to help keep the individual as safe as possible. If a member does not have a history of seizures, then emergency medical attention should be received. If a member has a history of seizures, it is important to become familiar with all known precursors and triggers and to establish a seizure action plan with the guidance of parents, guardians and doctors. All seizure activity must be logged and kept as part of the individual's medical history.

Instructions: Please give as much information about each seizure as possible. Write Normal, None or Unknown, where applicable

Date	Start Time	Duration	Movement (Jerking, Twitching, Stiffness, head turn)	Breathing (stopped, shallow, deep, irregular)	Eyes (up, down, left, right, staring, blinking, closed)	Skin (blue, clammy, flushed)	Accident (bladder or bowel incontinence)	Unusual Behavior (lip smacking, tongue biting, chewing, picking, pulling, wandering)	Post-Seizure (tired/drowsy, asleep, confused, paralyzed, alert)	Injury (y/n)

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