SEIZURE CHART – GENERAL

Name:	Month:	, 20

Date	Time	Duration	Type of	How long	Anything unusual or non typical;	Follow up	Employee
	seizure	of	seizure	until full	comments/concerns	1	initials
	began	seizure	(if	responsiveness			
	_		known)	returned?			

Binder(s):	Adult Services, Family Support Services							Page:	1 of 1
Section(s):	Medical	A	Jun 13/12	R	Feb 7/18				
Program Area(s):	Adult Disability, Family Support Disability								