PINNACLE MEDICAL GROUP
Neurology
7005 Cortez Road W, Bradenton, FL 34210 941-750-0602

Seizures

If you are being seen for seizures, please complete the below section

Patient Name:_____ Date:_____

Please describe a seizure. If there is more than one type please list them below.

_____

_____

_____

_____

How often do you heave seizures? ❑ Daily ❑ Weekly ❑ Monthly

What age did the seizures start?_____

How long do the seizures usually last? _____

Have you ever had a seizure that lasted longer than 30 minutes? ❑ Yes ❑ No

Have you ever had a seizure that required paramedics and/or an ambulance? ❑ Yes ❑ No

What is the longest seizure-free period you have had?_____

Are you weak on one side after a seizure? ❑ Yes ❑ No
Describe _____

Do you know when a seizure is coming on? ❑ Yes ❑ No
Describe _____

Does one side of the body shake during a seizure? ❑ Yes ❑ No
Describe _____

Does anything specific seem to trigger the seizure? ❑ Yes ❑ No
Describe _____

List all medications that you have taken for seizures and what side effects, if any, you have experienced._____

_____

_____

Any additional comments you feel your physician should be aware of:

_____

_____

_____