

## Epilepsy Diary for Patient

### My Health Record

#### ► Personal Medical History

**Have you ever had any of the following problems? (if you don't know, check with family members and try to complete this list)**

Problems at birth? Premature? Low birth weight? Needed an incubator at birth? \_\_\_\_\_

Problems with development? How old were you when you learned to walk and talk? \_\_\_\_\_

How much school did you complete? \_\_\_\_\_

**Any history of the following :**

Encephalitis infection (infection of brain) \_\_\_\_\_

Meningitis (infection of brain and its parts)- \_\_\_\_\_

Head injury with loss of consciousness? \_\_\_\_\_

Febrile seizures (seizures with fever as a child)? \_\_\_\_\_

Family member with epilepsy? \_\_\_\_\_

Allergies to medications or injections? \_\_\_\_\_

Medical illness requiring hospitalization? \_\_\_\_\_

Psychiatric illness (depression, hallucinations)? \_\_\_\_\_

Problem with drugs or alcohol? \_\_\_\_\_

Surgery? \_\_\_\_\_

**Can you describe your seizure? Ask a friend or family member to help you:**

Do you have any aura (warning) before a seizure? \_\_\_\_\_

Do you have a convulsion/fit (uncontrolled shaking of body and falling on the ground)? \_\_\_\_\_

Do you stare? \_\_\_\_\_

Do you lose control over urination? \_\_\_\_\_

Do you bite your tongue? \_\_\_\_\_

Any other behavioral changes you experience during a seizure? \_\_\_\_\_

Do you feel tired after a seizure? \_\_\_\_\_

Do you have a headache after a seizure? \_\_\_\_\_

Are the seizures more frequent around the time of your period (for women only)? \_\_\_\_\_

Do seizures happen only at night? \_\_\_\_\_

Does anything seem to trigger your seizures? \_\_\_\_\_

Any important thing you wish to note in relation to your seizure \_\_\_\_\_

**Write down the medications you take for epilepsy and when you take them:**

Time Of The Day	Medication 1 (MG)	Medication 2 (MG)	Medication 3 (MG)
Morning			
Noon			
Supper			
Bed Time			

Do these medications completely control your seizures? Yes/No \_\_\_\_\_

Do these medications give you any troublesome side effects? Yes/No \_\_\_\_\_

If you do have side effects, what are they? \_\_\_\_\_

Do you take any other medications for other health problems? List them here: \_\_\_\_\_

Write down any medications you have tried for epilepsy in the past that did not work: \_\_\_\_\_

If you have had any of the following tests, write down the results if you know them:

MRI: \_\_\_\_\_

CT Scan: \_\_\_\_\_

EEG: \_\_\_\_\_

**Important Telephone Numbers**

1. Treating doctor:
2. Supervisor at work:
3. Closest family member:
4. Person to call in emergency:

**Walk  
Fearless**

It is important to keep a seizure calendar.  
 Place an 'X' on the calendar if you have a seizure, an 'O' if you have an aura (warning signs before a seizure).  
 Put an 'M' if you missed any medication. If you have to write all three, separate with commas (e.g. X, O, M).

Year: \_\_\_\_\_ Month: \_\_\_\_\_

MON	TUE	WED	THU	FRI	SAT	SUN

**Walk Fearless**

Rating:



Your rating: None

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