



EPITOME OF EPILEPSY
EST. 2020

SEIZURE ACTION PLAN

PERSONAL INFORMATION

FULL NAME _____

GENDER Male Female Other _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____ RELIGION _____

RESIDENCE STATUS Residence Non Residence (I am traveling) _____

MARITAL STATUS Single Married Widowed _____

EMERGENCY CONTACT INFORMATION

NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____
PH. NUMBER _____	PH. NUMBER _____
EMAIL _____	EMAIL _____

MEDICAL INFORMATION

Seizure Type and Description	Typical Duration of Seizure	Usual frequency of seizure	Is emergency medication prescribed for this type of seizure?	A description of what a "seizure emergency" looks like for me.

BASIC FIRST AID / IN CASE OF EMERGENCY ASSISTANCE

- Be calm & Track the Time
- Notify my emergency contacts
- If I am unresponsive contact 911 for transport and professional emergency first aid
- Keep me safe but do NOT restrain me
- Do not put anything in my mouth