Ardmore Enterprises, Inc.

SEIZURE RECORD

Name: _____ Neurologist: _____ Year: _____

DAY																																
MONTH																																
Conscious																																
Unconscious																																
Confused																																
Fell																																
Became limp																																
Became still																																
Flush																																
Pale																																
Cyanotic/ Blue																																
Jerking																																
Twitching face																																
Chewing motion																																
Tongue biting																																
Excessive drooling																																
Eyes rolled back																																
Eyes staring																																
Eyes blinking																																
Wed bed/self																																
Bowel movement																																
Sleepy/tired																																
Alert																																
Confused																																
Headache																																
Temporary paralysis																																
Unsteady walking																																
Slurred speech																																
Drowsiness																																
Increased activity																																
Unusual activity																																

Time of day																																		
Duration (# min.)																																		
Staff initials																																		

Date	Time	Comments	Initials	Signature