Swiss League Against Epilepsy
Researches. Helps. Informs.

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Record of Seizures Year:

Patient: Name and first name: _____

Date of birth: _____

Street: _____

Postal code / place: _____

Telephone number(s) of relatives: _____

Medical treatment through (stamp):

Doctor's telephone number: _____

Daily dose of medicaments (enter with pencil):

Medicament	Morning	Noon	Evening	Late Evening

Recommendations for epilepsy patients:

1. Attend regular doctor's check-ups as advised.
2. Take medicaments at regular intervals.
3. Avoid promoting attacks by i.e. lack of sleep or alcohol.

January							February							March							April						
Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total
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❑ Generalized tonic- clonic seizure ❍ Absence seizure ▲ Complex focal seizure ✕ Menstruation

May							June							July							August							September							October							November							December						
Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total	Day	Morning	Noon	Afternoon	Evening	Night	Total
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