



Health Services
Seizure Intake Form

Student Name: _____ DOB: _____
Date: _____ Does student have an IEP? _____ 504? _____

Parent/Guardian #1: _____ PHONE#: _____
Alt PHONE #: _____

Parent/Guardian #2: _____ PHONE #: _____
Alt PHONE#: _____

PRIMARY PHYSICIAN: _____ PHONE #: _____

NEUROLOGIST: _____ PHONE#: _____

Preferred ER/Hospital: _____

Known medication Allergies: _____

Current daily or "as needed" (PRN) medications: _____

EMERGENCY Medications:

Are any prescribed? Yes or no (please circle)

If yes, please list

When do you administer them? _____

Do you call 911? _____

If yes, When have you been advised to call 911?

Does the student use a VNS device? Yes or No (please circle)

Do you have a copy of the students Emergency Seizure Action Plan? Yes or No (please circle)

Does student have any activity restrictions? (climbing, swimming, other?) If Yes, please list here and provide a copy of any written instructions from the doctor:

Detailed Seizure information: Please answer the following questions

1. Type of seizure diagnosed with (please circle one or write in "other") :

Epilepsy Absent Generalized Other: _____

2. age at onset of seizures : _____

3. When was the student's last known seizure activity?: _____

4. What are the students Known triggers? (fatigue, heat, flashing lights, etc.)

5. How does the student act before a seizure occurs? (vision distorted, hearing or smell, etc?)

6. What does the students' seizures look like? (stares into space, body stiffens, loses bladder control, etc)

7. What is the frequency of students' seizures? (number in a day, month, etc)

8. How long do the seizures typically last? _____

Are they a single seizure or a cluster of seizures? _____

9. How does the student act after a seizure occurs? (sleepy, cries, etc)

10. Has student ever had a seizure that lasted longer than 5 minutes?

11. What emergency actions has the student previously needed? (medication to stop seizures, ambulance, etc.)

Please list any other helpful information here:

