

Questionnaire for Seizure History

Child's Name _____ Birthdate _____ Age _____ Grade _____

Please answer all questions. Use the back of this form for explanation or any additional information.

When was your child diagnosed with seizure disorder? _____ at age _____

What type of seizure does your child experience? _____

What symptoms does your child experience during a seizure _____

Is your child aware of an aura (distortion of vision, hearing or smell) before a seizure _____

Does your child lose consciousness during a seizure? No Yes

How often does your child experience a seizure? _____ x a month _____ x a day other _____

How long does your child's seizure typically last? _____

When was your child's last seizure (date/time/duration)? _____

Has your child experienced a seizure lasting longer than five minutes? No Yes (Please explain)

Has your child ever gone to the emergency room or been hospitalized for his/her seizures? No Yes
(Please explain)

What events might trigger a seizure for your child? _____

What medications does your child take to manage his/her seizure disorder?

Name of medication _____ Amount _____ When taken _____

Name of medication _____ Amount _____ When taken _____

Name of medication _____ Amount _____ When taken _____

Has your child been instructed on when and how to take these medications independently? No Yes

Are there any side effects from your child's medications that his/her teacher needs to be aware of? No Yes
(Please explain)

Is your child participating in sports or school sponsored extra-curricular activities? No Yes (Please explain)

Is your child comfortable alerting others when experiencing symptoms of a possible seizure? No Yes

Does your child wear a "medic alert" necklace/bracelet? No Yes

Describe your child's understanding of their seizure disorder? None /Limited Basic Knowledgeable

Has your medical provider indicated in writing that your child needs special accommodations in school?
 No Yes (Please explain)

Information provided by _____ Date _____