

Seizure Record for (name)

Name of person completing this form

Phone

Date	Time of day/night	How long seizure lasted	Description of the seizure and other information to be discussed with the doctor:

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**For more information** Epilepsy Foundation 587 Canterbury Road Surrey Hills VIC 3127

phone (03) 8809 0600 or 1300 761 847 fax (03) 9836 2124

web [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

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