

**My Doctor Details**

GP Name: .....

Phone No: .....

Specialist: .....

Phone No: .....

Other conditions: .....

.....

Allergies: Y / N .....

**EMERGENCY CONTACTS**

**Contact 1:** .....

Phone No: .....

Relationship: .....

**Contact 2:** .....

Phone No: .....

Relationship: .....

**Information Line**  
**1300 761 487**



**EMERGENCY MEDICAL INFORMATION**

**CALL 000 FOR AN AMBULANCE if:**

- You don't know me
- My seizure lasts for **5 minutes or more**
- I have injured myself during the seizure
- I have one seizure after another without

# I have epilepsy

Name: .....

Address: .....

.....

Phone No: .....

DOB: ..... / ..... / ..... **Date completed:** ..... / ..... / .....

## This is what happens to me during a seizure:

I become confused

I fall to the ground

I lose consciousness

I may injure myself

Other:

My seizures usually last for  minutes.

It usually takes me  minutes to recover.

During a seizure, help me by:

.....

After a seizure, help me by:

.....

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