

SEIZURE FREQUENCY – YEARLY SUMMARY SHEET – Year: 20_____

Name: _____ DOB: _____

Instructions:

- This sheet is to summarize the yearly pattern of stable, known seizures.
- Put the **number of seizures** for each day in the box.
- If new or unstable seizures, use “*Seizure Record – New or Unstable Seizures*” monitoring chart instead.

Seizure Protocol:

- Is a protocol in place? NO YES (If YES, refer to Protocol)
- Has it been updated this year? NO YES

PRN medications:

- Are they used as per protocol? NO YES

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	Most Common Length of Seizure			
Jan																																				
Feb																																				
Mar																																				
May																																				
Jun																																				
Jul																																				
Aug																																				
Sept																																				
Oct																																				
Nov																																				
Dec																																				

Adapted from Community Living Toronto

Notes: _____
