

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 _____