

Minnesota Epilepsy Group, P.A

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SEIZURE RECORD

Coding for Multiple Seizure Types

Monthly Totals

Name _____ A _____

Month _____ B _____

Filled out by _____ C _____

D _____

Sun ____	Mon ____	Tues ____	Wed ____	Thurs ____	Fri ____	Sat ____
Sun ____	Mon ____	Tues ____	Wed ____	Thurs ____	Fri ____	Sat ____
Sun ____	Mon ____	Tues ____	Wed ____	Thurs ____	Fri ____	Sat ____
Sun ____	Mon ____	Tues ____	Wed ____	Thurs ____	Fri ____	Sat ____

