

FUTURES COMMUNITY SUPPORT SERVICES, INC.

SEIZURE FORM

Staff Signature: _____

1. Name: _____ Date: _____

2. Time of seizure: _____ AM/PM

3. Length of Seizure: A. Single _____

B. Multiple _____

4. Seizure Description: (Check)

- a. Turn Blue
- b. Urination
- c. Twitching
- d. Eyes Rolled Back
- e. Extreme Perspiration
- f. Clammy Skin
- g. Other: Please Explain

5. Meals Eaten: Breakfast Lunch Dinner

6. Aura 1 to 2 minutes prior to seizure? Yes No

7. Was "Incident Report" utilized? Yes No