Guthrie Mainstream Services
6549 E. University Dr.
Mesa, AZ 85210
Phone: 480-633-8881
Fax: 480-633-7095

Seizure Chart

Member Name:_____

Location: _____

Observations should include: time of day, duration of seizure, description of pre-seizure behavior, description of seizure behavior, description of post-seizure behavior.

Date	Time	Duration	Description	Initial