

Epilepsy Management Plan

NAME:



This plan has been developed in consultation with family & carers & is current & accurate at the date completed. Epilepsy Queensland recommends this plan be reviewed and signed by the person's doctor. Epilepsy Queensland also recommends that this plan should be updated whenever there is a change in care & at minimum should be reviewed 12 monthly.

PLAN DATE			
DATE		DATE TO REVIEW	
PERSONAL DETAILS			
NAME			
DATE OF BIRTH			
ADDRESS			
EMERGENCY CONTACT			
NAME			
RELATIONSHIP			
PHONE			
ADDRESS			

For more information please contact us.

Level 2, Gabba Towers, 411 Vulture Street, Woolloongabba Q 4102

phone (07) 3435 5000 or 1300 852 853 fax (07) 3435 5025 email services@epilepsyqueensland.com.au

web www.epilepsyqueensland.com.au

MEDICAL HISTORY:

Diagnosis	Epilepsy Medication	Other Medications

SEIZURE DESCRIPTION & FIRST AID

EPILEPSY DIAGNOSIS:
SEIZURE TRIGGERS:
BEFORE SEIZURES:

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Seizure Description	Duration	Frequency	Seizure First Aid

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WHEN TO CALL AN AMBULANCE

- If you have any doubts
- If a seizure lasts more than XXXX minutes
- Clusters of seizures; that is – more than XXX in XXXX minute period
- The seizure occurs in water or xxxxx is eating or drinking at the time
- If xxx is injured (particularly a head injury)
- If xxx experiences a new seizure type

ENDORSEMENT BY ONE TREATING DOCTOR/EPILEPSY SPECIALIST (only ONE endorsement is required)			
DOCTOR/SPEACIALIST			
ADDRESS			
Phone			
SIGNATURE		DATE	

EPILEPSY PLAN COORDINATOR	
NAME	
PHONE	
EMAIL	

PEOPLE INVOLVED IN PREPARATION OF PLAN	
NAME	
RELATIONSHIP	
PHONE	