Young Epilepsy

Individual healthcare plan (0 - 5 years) Date of plan: .....…

Name: ..……. Date of Birth: ….……

Address: ……..

……. Postcode: ..……..

Name of parent/carer: ..……. Telephone: ….……

Diagnosis Including any other conditions): ……

Description of child's epilepsy

Epilepsy syndrome (if known): ..…….

Brief description of seizure(s), including typical duration(s) - please use additional sheets if necessary: ……..

……..

Possible triggers for seizures: …….

Warning signs that seizure(s) may be about to occur: ……

……..

……..

Action to be taken during a seizure: ……..

……..

……..

Description of recovery:…….

……..

……..

Current Medication

Drug: …….. Dosage: …… Form: ……

Directions: ……..

Drug: …….. Dosage: …… Form: ……

Directions: ……..

Drug: …….. Dosage: …… Form: ……

Directions: ……..

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