
SEIZURE Patient Information Worksheet

***A complete background on your pet is essential for an accurate diagnosis
Please fill out this questionnaire to the best of your ability.***

When was the first time you observed a seizure? _____

When was the most recent seizure? _____

How long does a seizure last? _____

How long is the recovery period? _____

What are the characteristics of the seizures?
(i.e. paddling, trembling, collapse, etc.) _____

Have the seizures recently changed in character? Yes No

If yes, please indicate how they have changed: _____

How frequent were the seizures initially? _____

Have the seizures recently increased/decreased in frequency? Yes No

If yes, please indicate current frequency: _____

Is there a time of day (or night) that the seizures usually occur? Yes No

If yes, when: _____

Is your pet normal/active between seizures? Yes No

If no, how is your pet different? _____

Is your pet currently taking any anti-seizure medication(s)? Phenobarbital Dose: _____

Potassium Bromide (KBr) Dose: _____

Other: _____ Dose: _____

Other: _____ Dose: _____

Has your pet experienced side effects with any anti-seizure or other medications? Yes No Unknown

If yes, what: _____

Has your pet ever been hospitalized for seizures? Yes No Unknown

If yes, when: _____

Has your pet ever had any head trauma? Yes No Unknown

If yes, when/what happened: _____

Does your pet have access to any toxic substances? Yes No Unknown

If yes, what: _____

Do you live in a house (built/painted before 1965) that may have lead paint? Yes No Unknown