

**Putnam County Comprehensive Services, Inc.**  
**Community Living Services**  
**Seizure Observation Report**

Resident's Name \_\_\_\_\_

Date and time of Seizure \_\_\_\_\_

Name and Title of person reporting \_\_\_\_\_

Location of Occurrence \_\_\_\_\_

Current Medication \_\_\_\_\_

\_\_\_\_\_

What happened before the seizure? \_\_\_\_\_

\_\_\_\_\_

What were the symptoms during the seizure? \_\_\_\_\_

\_\_\_\_\_

How long did the seizure last? \_\_\_\_\_

What happened after the seizure? \_\_\_\_\_

\_\_\_\_\_

Resident received lacerations? Yes or No (please circle)

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Person(s) contacted: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Was First Aid administered? Yes or No (please circle)

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Observant

\_\_\_\_\_  
Date