Medical Information

After an seizure occurs:
Please describe in detail what happens during:

[ ] Yes, does he/she have seizures?
[ ] If yes, does he/she have any seizures?

Any special positioning required?

[ ] Yes, when is he/she in bed?
[ ] Name:

Describing or babbling?

[ ] Yes, what assistance is needed for brushing teeth?

What assistance is needed for dressing?

[ ] Yes, if no, what kind of help do they need?

Is he/she able to self-feed?

[ ] Yes, when should it be used?

Where is the equipment located, and how or

equipment? If so, what type?

Does your family member use any adaptive

About Our Family Member

[ ] Does he/she require a special diet?