

# Medical History Band

## Basic Information

Seizure Information

Seizure Response

Diagnoses & Conditions

Surgeries & Procedures

Medications & Treatments

Medical Testing

Allergies

Immunizations

Assistive Devices

Family History

Emergency Contacts

Medical Contacts

Pharmacy Contacts

Hospital Contacts

Insurance Contacts

EAWCP Contacts

Message from the EAWCP

## Basic Information

First Name:

Last Name:

Date of Birth:

Gender:

Blood Type:

Height:

Weight:

Medical Conditions:

## Phone Numbers

Home:

Cell:

Work:

## Address

Street:

City:

State:

ZIP:

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## Seizure Information

Seizure Type:  Length:  Frequency:

Description:

Seizure Type:  Length:  Frequency:

Description:

Seizure Type:  Length:  Frequency:

Description:

Seizure triggers or warning signs

Persons response after a seizure

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## Seizure Response

Emergency Response: *(A seizure emergency for this person is described as)*

Epilepsy Treatment Protocol: *(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Call 911 to Transport | <input type="checkbox"/> Contact Parent or Emergency Contact             |
| <input type="checkbox"/> Notify Doctor         | <input type="checkbox"/> Administer Emergency Medications as Indicated   |
| <input type="checkbox"/> Other                 | <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |

## Other Treatments

Does this person with Epilepsy have a Vagus Nerve Stimulator?

- Yes                       No





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## Medications & Treatments

Name:	How Much:	How Often:	Start/End Dates:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Non-Pharmacological Therapies

Name:	Description:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>











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## Family History

Condition:  Family Member:

Note:

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Condition:  Family Member:

Note:

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Condition:  Family Member:

Note:

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Condition:  Family Member:

Note:

---

Condition:  Family Member:

Note:

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## Emergency Contacts

### Marital Status

Marital Status:

Contact Name:

Contact Phone:

### Living Arrangements

Living Location:

Contact Name:

Contact Phone:

### Work

Socio Economic:

Occupation:

Hours:

Contact Name:

Contact Phone:

### Additional Contact

Name:

Relationship:

Phone:

Street:

City:

State:

ZIP:

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## Medical Contacts

Description:

Name:

Phone:

FAX:

Street:

City:

State:

ZIP:

Description:

Name:

Phone:

FAX:

Street:

City:

State:

ZIP:



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## Pharmacy Contacts

Name:  Phone:  FAX:

Website:

Street:

City:  State:  ZIP:

## Other Pharmacy

Name:  Phone:  FAX:

Website:

Street:

City:  State:  ZIP:

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## Hospital Contacts

Name:

Emergency Room Location:

## Phone Numbers

Phone 1:

Phone 2:

FAX:

## Address

Street:

City:

State:

ZIP:

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## Insurance Contacts

Insurance Type: Policy Holders Name: Company Name:

Group/Policy Number: Medicaid/Medicare Number: Phone/Fax:

Street Address:

City: State: ZIP:

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Group/Policy Number: Medicaid/Medicare Number: Phone/Fax:

Street Address:

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## EAWCP Contacts

### Epilepsy Association of Western/Central Pennsylvania Pittsburgh Office

Cardello Building  
1501 Reedsdale Street — Suite 3002  
Pittsburgh, PA 15233  
412-322-5880 • 1-800-361-5885 • Fax 412-322-7885

### Harrisburg Office

3507 Market Street — Suite 203  
Camp Hill, PA 17011  
(717) 730-6779 • (800) 336-0301 • Fax: (717) 730-6727

### Phone Number for Erie Area Callers:

1-800-361-5885

Office Hours are Monday — Friday 8:30 a.m. to 4:30 p.m.

If you want to make a contribution, please see our [Ways to Give](#) page.

You can contact us via eMail at: [staff@eawcp.org](mailto:staff@eawcp.org).

For more information visit our website: <http://www.eawcp.org>

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## Message from EAWCP

The Epilepsy Association of Western/Central Pennsylvania (EAWCP) recognizes that you and your family lead busy lives and that you have a lot of choices about where to turn for information. I want to thank you for taking the time to get to know us a little better and to learn more about epilepsy, seizures and how you can become involved in the epilepsy movement.

I hope that you will begin to find answers to some of your questions about epilepsy and the programs we offer through the EAWCP by spending time on our web page. I also want to encourage you to contact one of our three offices located in Pittsburgh, Harrisburg or Johnstown to speak with a staff member so that we can begin to get to know one another and we can learn how to serve you even better.

I want to encourage and invite you to participate in our local events. The EAWCP has an incredibly dedicated and talented Board of Directors, staff and an array of local volunteers who are here to help and support you and your family on your journey as you cope with a diagnosis of epilepsy or seizure disorder.

Please remember, the EAWCP doors are always open, and our ears and our hearts are ready to listen. We look forward to meeting all of you over the web, over the phone, via email and we all hope in person one day very soon!

## About the EAWCP

**The EAWCP** is a private, non-profit service organization providing public education and supportive services to individuals and families affected by epilepsy/seizure disorders. We endeavor to improve the quality of life for persons with epilepsy/seizure disorders, and to dispel the myths, stigma, and misunderstandings associated with it.