

Basic Information First Name: Conditions First Name: Last Name: Date of Birth: Gender:	
Seizure Response Date of Birth: Gender:	
Diagnoses & Conditions	
Surgeries & Procedures Blood Type: Height: Weight:	
Medications & Treatments	
Medical Testing Medical Conditions:	
Allergies	
Immunizations	
Assistive Devices	
Family History Phone Numbers	
Emergency Contacts Home: Cell: Work:	
Medical Contacts	
Pharmacy Contacts Address	
Street: Hospital Contacts	
Insurance Contacts	
EAWCP Contacts City: State: ZIP:	
Message from the EAWCP	



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🇱 Basic Information	Seizure Informo Seizure Type:	ition Length:	Frequency:
Seizure Information			
🗱 Seizure Response	Description:		
Diagnoses & Conditions			
🗱 Surgeries & Procedures			
Medications & Treatments	Seizure Type:	Length:	Frequency:
Medical Testing			
Allergies	Description:		
Immunizations			
Assistive Devices			
Family History	Seizure Type:	Length:	Frequency:
Emergency Contacts	L		
Rharmacy Contacts			
** Hospital Contacts	Seizure triggers or	warning signs	
Hospital Contacts Insurance Contacts	Seizure triggers or	warning signs	
Insurance Contacts	Seizure triggers or Persons response o		



EPSY CIATION* AND CENTRAL PA Medical History Band

	Seizure Response			
Rasic Information	Emergency Response: (A seizure emergency for this person is described as)			
🎇 Seizure Information				
Seizure Response				
Diagnoses & Conditions				
Surgeries & Procedures				
Medications & Treatments				
₩ Medical Testing	Epilepsy Treatment Protocol: (Check all that apply) Call 911 to Transport Contact Parent or Emergency Contact			
Allergies	Call 911 to Transport Contact Parent or Emergency Contact Notify Doctor Administer Emergency Medications as Indicated			
# Immunizations	Other			
Assistive Devices				
Family History	Other Treatments			
Emergency Contacts				
* Pharmacy Contacts				
Insurance Contacts				
EAWCP Contacts				
Message from the EAWCP	Does this person with Epilepsy have a Vagus Nerve Stimulator?			
	Yes No			



Basic Information	Diagnoses & Conditions Condition:	Description:
🎇 Seizure Information		
Seizure Response		
🎇 Diagnoses & Conditions		
Surgeries & Procedures		
Medications & Treatments		
🎇 Medical Testing		
** Allergies		
** Immunizations		
* Assistive Devices		
** Family History		
Emergency Contacts		
★ Medical Contacts		
Representation Properties		
☆ Hospital Contacts		
🇱 Insurance Contacts		
EAWCP Contacts		
Message from the EAWCP		



**************************************	Basic Information	Surgeries & Proce Name:	dur	es Treatment/Note:	Date Done
	Seizure Information				
	Seizure Response				
	Diagnoses & Conditions				
	Surgeries & Procedures				
	Medications & Treatments				
	Medical Testing]]
	Allergies][][
	Immunizations				<u> </u>
	Assistive Devices				
	Family History				
	Emergency Contacts				
	Medical Contacts				
	Pharmacy Contacts				
	Hospital Contacts				
	Insurance Contacts				
	EAWCP Contacts				
	Message from the EAWCP				



D : 1 (''	Medications	& Treatments		
Basic Information	Name:	How Much:	How Often:	Start/End Dates
Seizure Information				
Seizure Response				
Diagnoses & Conditions				
Surgeries & Procedures			1	
Medications & Treatments			<u> </u>	
Medical Testing				
Allergies				
Immunizations				
Assistive Devices				
Family History				
Emergency Contacts				
Medical Contacts				
Pharmacy Contacts				
Hospital Contacts				
Insurance Contacts	Non-Pharma	cological Therapi	es	
EAWCP Contacts	Name:	Description:		
Message from the EAWCP				



** Basic Information	Medical Testing Name:	Date Done: Value/Units	: Ordered Bv:
Seizure Information]
Seizure Response			
Diagnoses & Conditions			1
Surgeries & Procedures] [
Medications & Treatments			1
Medical Testing			
Allergies			
Immunizations			
Assistive Devices			
Family History			
Emergency Contacts			
★ Medical Contacts			<u> </u>
* Pharmacy Contacts			1
* Hospital Contacts			
Insurance Contacts			
EAWCP Contacts			
Message from the EAWCP			



elle Daria Information	Allergies	
Basic Information	Name of Allergy:	Reaction:
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		



	Immunizations Name:	Date Done: Date Due:	Note:
Seizure Information			
Seizure Response			
Diagnoses & Conditions			
Surgeries & Procedures			1
* Medications & Treatments]
★ Medical Testing			
Allergies			
lmmunizations			
Assistive Devices			
** Family History			
Emergency Contacts			
★ Medical Contacts			1
Representation Properties			1
* Insurance Contacts			
EAWCP Contacts			
Message from the EAWCP			



	Assistive Devices	5
Basic Information	Description:	Note:
Seizure Information		
Seizure Response		
🎇 Diagnoses & Condition	ions	
Surgeries & Procedur	res	
Medications & Treatme	ents	
★ Medical Testing		
* Allergies		
Immunizations		
Assistive Devices		
* Family History		
Emergency Contacts		
** Medical Contacts		
Pharmacy Contacts		
** Hospital Contacts		
Insurance Contacts		
EAWCP Contacts		
•••		
Message from the EAW	VCP	



	Family History	
Basic Information	Condition:	Family Member:
Seizure Information		
Seizure Response	Note:	
Diagnoses & Conditions		
Surgeries & Procedures	Condition:	Family Member:
Medications & Treatments		
Medical Testing	Note:	
Allergies		
Immunizations	Condition:	Family Member:
Assistive Devices		
Family History	Note:	
Emergency Contacts	Condition:	Family Manakaw
Medical Contacts	Condition:	Family Member:
** Pharmacy Contacts	Note:	
*** Hospital Contacts	Note.	
Insurance Contacts	Condition:	Family Member:
EAWCP Contacts	Condition.	Turniy Member.
••	Note:	
Message from the EAWCP	Note.	



sile Pasia Information	Emergency Conto	acts		
Basic Information	Marital Status			
Seizure Information	Marital Status:	Contact Name:	Conta	ct Phone:
Seizure Response				
Diagnoses & Conditions	1 · · · A			
🗱 Surgeries & Procedures	Living Arrangem		6	. DI
Medications & Treatments	Living Location:	Contact Name:	Conta	ct Phone:
Medical Testing				
Allergies	Work			
Immunizations	Socio Economic:	Occupation:	Hours	:
Assistive Devices				
Family History		Contact Name:	Conta	ct Phone:
Emergency Contacts				
Medical Contacts	Additional Conta	ct		
	Name:	Relationship:	Phone):
Pharmacy Contacts				
Report Hospital Contacts	Street:			
Insurance Contacts				
EAWCP Contacts				
** Message from the EAWCP	City:	S	tate:	ZIP:



	Medical Conto	icts			
Rasic Information	Description:	icts			
🗱 Seizure Information	· ·				
Seizure Response	Name:	Phone:		FAX:	
Diagnoses & Conditions					
Surgeries & Procedures	Street:				
Medications & Treatments					
★ Medical Testing Address Testing	City:		State:	ZIP:	
** Allergies	City.		Sidile.	ZIF.	
lmmunizations					
Assistive Devices					
** Family History	Description:				
Emergency Contacts					
Medical Contacts	Name:	Phone:		FAX:	
Rharmacy Contacts					
	Street:				
* Insurance Contacts					
EAWCP Contacts	City:		State:	ZIP:	
Message from the EAWCP					



	Pharmacy C	ontacts		
🎇 Basic Information	Name:	Phone:	E/	λX:
Seizure Information	Nume.	T Hone.		٠,٠
Seizure Response	Website:			
Diagnoses & Conditions				
🗱 Surgeries & Procedures	Street:			
Medications & Treatments				
	City:		State:	ZIP:
₩ Allergies	City.		State.	
# Immunizations				
* Assistive Devices	Other Pharn	nacy		
☆ Family History	Name:	Phone:	FA	AX:
Emergency Contacts				
	Website:			
Pharmacy Contacts				
* Hospital Contacts	Street:			
Insurance Contacts				
EAWCP Contacts	City:		State:	ZIP:
Message from the EAWCP				



EPSY Medical History Band

\	Hospital Contacts
🎇 Basic Information	Hospital Comacts
Seizure Information	Name:
Seizure Response	
Diagnoses & Conditions	Emergency Room Location:
Surgeries & Procedures	
Medications & Treatments	
Medical Testing	
Allergies	Phone Numbers
lmmunizations	Phone 1: Phone 2: FAX:
Assistive Devices	Thore 7.
Family History	
Emergency Contacts	
Medical Contacts	
Pharmacy Contacts	Address
₩ Hospital Contacts	Street:
Insurance Contacts	
EAWCP Contacts	City: State: ZIP:
Message from the EAWCP	



★ Basic Information	Insurance Contacts Insurance Type: Policy Holders Name: Company Name:
🎇 Seizure Information	
🗱 Seizure Response	Medicaid/Medicare
Diagnoses & Conditions	Group/Policy Number: Phone/Fax:
Surgeries & Procedures	Street Address:
Medications & Treatments	
₩ Medical Testing	City: State: ZIP:
🎎 Allergies	City. State. Zii.
# Immunizations	
Assistive Devices	
** Family History	Insurance Type: Policy Holders Name: Company Name:
Emergency Contacts	
₩ Medical Contacts	Medicaid/Medicare Group/Policy Number: Number: Phone/Fax:
🇱 Pharmacy Contacts	
☆ Hospital Contacts	Street Address:
Insurance Contacts	
EAWCP Contacts	City: State: ZIP:
Message from the EAWCP	



- **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**
- SEAWCP Contacts
- Message from the EAWCP

FAWCP Contacts

Epilepsy Association of Western/Central Pennsylvania Pittsburgh Office

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



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- **Seizure Information**
- Seizure Response
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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 your 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.