

# Screening Diary

For two weeks, keep a daily record of heart rate each morning, and seizure count for each day. Take this form to your doctor appointment.

For reference, this chart shows the range of NORMAL by age group.

Range	Rate (BPM)
0-3 months	80-205
4 months – 2 years	75-190
2-10 years	60-140
Over 10 years	50-100

Day	Date	Heart Rate in AM	Had Seizure today (Yes, No or Not sure)	Total number of seizures on this day	Describe any changes in symptom or signs today, and degree of change.	*For Clinician Use*
Day 1						Lab Values WNL?
Day 2						Lab Values OOR
Day 3						Cardiac contraindications?
Day 4						Prescription approved? Y/N
Day 5						Prescription starting dose:
Day 6						
Day 7						

Patient ID \_\_\_\_\_ Parent Email \_\_\_\_\_ Doctor \_\_\_\_\_

Entered on \_\_\_\_\_ Initials \_\_\_\_\_