Join the Epilepsy Connection of Northern CA!

EPILEPSY FOUNDATION®
NORTHERN CALIFORNIA
Not another moment lost to seizures™

Name(s): Phone:

Address: Email:

Do you prefer to be contacted by phone or email: _____

What language(s) do you speak?

English Spanish

Other: _____

Best time to reach you:

Morning

Afternoon

Evening

What is your connection to epilepsy? (Please Circle) Other: _____

Adult with epilepsy Parent of a daughter/son with epilepsy: Age of child____ Teen with epilepsy

I'm available to speak with others about: (Circle all that apply)

Seizures:
- Generalized Tonic Clonic
- Absence
- Complex Partial
- Simple Partial
- Outgrowing Seizures
- Other: _____

Medication:
- Specify: _____

Surgery:
- Type: _____

Vagus Nerve Stimulator

Ketogenic Diet

Depression

Employment

Epilepsy Syndromes
- Ex: Benign Rolandic, JME
- Type: _____

School/Education

Daycare

Driving

Clinical Trials
- Specify: _____

Doctor Visits

Other:

I authorize the Epilepsy Foundation of Northern California to release my name and contact information. I understand my information will be given only to those who want to connect over Epilepsy related matters.

_____ _____

Signature Date

Please mail or fax completed form to:
5700 Stoneridge Mall Road, Ste. 295
Pleasanton, CA 94588
Phone: 925-224-7760•Fax: 925-224-7770