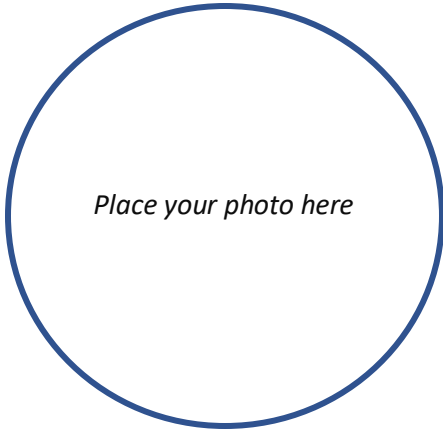


# Meet Me



Place your photo here

## My Health

Type(s) of seizures I have:

How long I have had seizures:

How I manage my seizures  
(medications, sleep, diet, exercise, etc.):

**Shared Decision Making** relies on mutual trust and understanding. The Patient and Family Advisors to Michigan's Pediatric Epilepsy Project recommend patients and families set the stage for partnership *before* the first visit by sharing key information with your health care provider. This tool can be used with pediatric or adult patients.

## All about me....

My school or work:

I feel most confident about:

I'm really proud of:

My goals for the future:

I am concerned about:

Questions I have about my future:

I would like more information about:



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