VNS Settings

Start Date:	_End Date:	
Implant Model Number:	_ Implant Date:	
Constant Settings		
Output Current:		
Signal Frequency:		
Pulse Width:		
On Time: Off Time:		
Side Effects: Select any that apply		
☐ Hoarseness or Voice Changes ☐ Neck Discomfort ☐ Cough		
☐ Shortness of Breath ☐ Mood Changes ☐ Weight Changes		
Other		
*Tolerability: (tolerable 1-10 not tolerable)		
Magnet Settings		
Output Current:		
Pulse Width:		
On Time:		
*Were daily magnet swipes scheduled and performed?		
□Yes □Frequently □Ran	rely Never	
Notes:		
☐ Entered @ Se	eizureTracker.com	

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