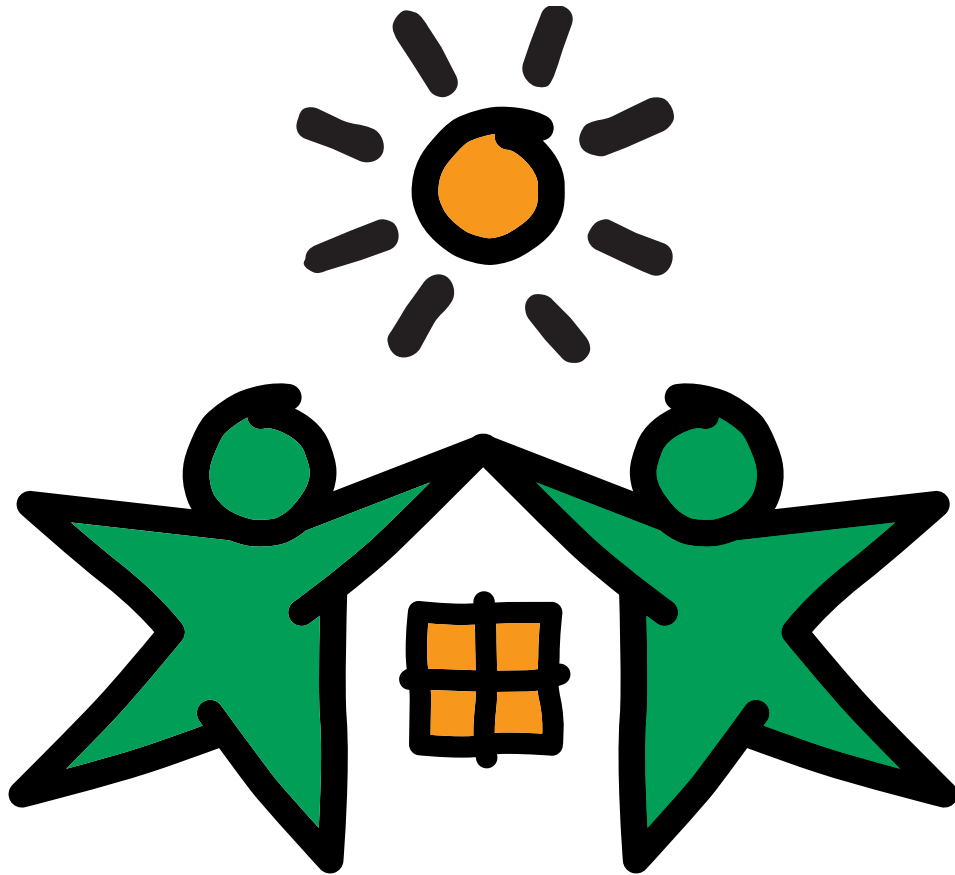


# Child's Health Record: Personal and Portable



July 2005

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**Project of:** Alameda County Medical Home Project  
**Funded by:** Alameda Alliance for Health  
**Adapted from:** Southwest Institute for Families of Children with Special Needs  
Health Status Assessment



# Introduction



**\* Introduction to your Child's Health Record (CHR)**



# Welcome to your Child's Health Record (CHR)



## Purpose

Physicians and parents with children with special health care needs developed the Child's Health Record (CHR). \*The CHR is a comprehensive, portable medical record. The CHR is used to monitor a child's health status so as to communicate timely and accurate information to health care providers. The CHR provides a convenient and effective way to organize information for children with special health care needs.

## Tips to remember before starting with your CHR

This is your tool. Make it work for you. Don't be concerned if you don't need all the forms. Save them in the Appendix for future reference. Customize your book to fit your child's needs. When you are busy, use the Calendars to record information and transfer the information into the History Log later. Some physicians and hospitals may copy your child profile and logs instead of making you complete their forms. We recommend you update your CHR every new calendar year.

## Contents

The CHR has six sections:

- A) Introduction - a Step by Step with complete directions
- B) Child Profile
- C) Logs and Gates 1, 2, 3 & 4
- D) Important Agency Information
- E) Month-at-a-View Calendar and Telephone Directory
- F) Appendix

The forms are self-explanatory. We developed the following guidelines to help you use the CHR.

\*The Child's Health Record (CHR), originally called the "Child Health Status Assessment (CHSA) and Portable Medical Record" is a tool designed by the Medical Home Project for Children with Special Health Care Needs.

## A) Introduction to the Step by Step

You will need a 3 ring binder, a hole punch, a set of five tabs, a plastic sleeve or thick paper protector made for 3 ring binders. When completing documents use BLACK INK, it is easiest to copy.

## B) Child Profile

The Child Profile is used to organize your child's medical records so that you have immediate access to information most frequently required by medical providers and others who work with your child. Whether your child is being seen for a well- visit or follow-up, in the emergency room, in the hospital, or attending school, you will be prepared.

### 1) Get Organized

The first step in using the CHR is to gather your child's medical records, reports, and documents, then put them in chronological order. Now start completing the forms.

### 2) My Child's Profile

The profile is a comprehensive medical history, developmental snapshot of your child's current health status, and portable record for all communications and transactions related to you child's health status.

Complete all the information that applies to your child. My Child's Profile can be shared with physicians, schools, hospitals, yearly evaluations, insurance reviews, or any facility that provides services to your child. It is especially useful for hospital admissions and visits to physicians who are unfamiliar with your child.

- I. **Personal Information (important phone numbers, diagnosis, and insurance information):** Having all these phone numbers in one place can save time, help you remember names of contacts at each organization, and help care providers.
- II. **Equipment, Supplies & Services (therapy providers, equipment providers, and respiratory care items):** This area is a continuation of your contact list, but also provides areas for frequency of the service provided, when the service started, and detailed information on any respiratory care your child receives.
- III. **Current Status of Sensory & Ability Information (vision, hearing, mobility, communication, developmental screening, ambulation, transfer, feeding, hygiene, and toileting):** This area provides more detailed information regarding any testing, communication, mobility (how your child moves about), feeding, ethnicity, religious preference, hygiene, and school information. Remember to include medical, developmental, educational, concerns and needs in the I.E.P (Individual Educational Plan). In order to assure your child's access to school based programs, your child's needs must be specified.
- IV. **Ancillary Information (hospital preference, advanced directives, power of attorney, and guardianship):** If your child has any of these important documents, you need to advise anyone providing care to your child. The documents also need to be easy to locate in an emergency.

**V. School Information**

**VI. Family History:** Your child's family history provides valuable information to medical providers. Complete each section for your child's father, child's mother, all siblings, and both sets of the child's grandparents.

**VII. Monthly Weight Chart**

**VIII. Gate 1 Original Normal Status:** Gate 1 is used to monitor your child's health status across time – See Calendar section. Record your child's normal status for caregivers to use to evaluate your child's condition. Health Care providers find the information invaluable and all changes in your child's normal status should be part of the child's medical history. It is important to date the form.

**IX. Immunization and Allergy Log:** This is important for your child's permanent record. Have your physician sign the document and you can use it for school, hospital, and specialty care providers.

**X. Medical Specialists:** List all specialty care providers. This is valuable information for the hospital, primary care physician, other specialty care physicians, and insurance reviews.

**XI. Seizure/Behavior Log:** Use if necessary. If not applicable to your child, customize it to record information that is vital to your child. For example, a diabetic may use the form to record blood sugars and diet.

**XII. Problem/Treatment/History Log:** Record all major illnesses, injuries, procedures, hospitalizations, and office visits. Some children have wagons full of medical records that are time consuming to review. This log provides a precise brief review of your child's medical history. It also helps when detailed information is required.

For example, if your child had an MRI on April 12, 2005, the neurologist, primary care physician, hospital, and neurosurgeon may not all have received the report. Now they can locate the report quickly using the data you provide from your CHR (date and time on calendar and in History Log). In the results/outcomes column you may record what was reported to you. For example, the neurosurgeon advised you there were no changes in your child's status.

**XIII. Medication Log:** This log is important and helpful. Keep this form accurate and updated. Medical providers need to know what was prescribed and what over-the-counter medications your child is receiving. You can use a highlighter to show which medications have been discontinued.

## C) Logs and Gates

### 1) Supply, Expense, and Communication Logs

The logs are designed to keep track of equipment, disposable items, and any out-of-pocket expenses resulting from meeting your child's medical needs. The logs can be helpful when reordering items, updating pediatrician's records, obtaining insurance authorizations, transitioning from one health care provider to another, and for tax information. Examples of out-of-pocket expenses include, but are not limited to, disposable items not paid for by insurance (e.g., diapers, over-the-counter medications), and mileage to and from medical appointments. Note—you should keep all receipts for tax-deductible items.

### 2) GATES 1–4

#### \* GATE 1:

Use Gate 1, in the plastic sleeve or paper protector, to assess your child each morning. If there are no changes simply place a mark in the space provided on the calendar. If there are changes move to Gate 2. Keep this form accurate by updating any time your child's normal status changes. Make sure you keep the Gate 1 by the current month so you are reminded to check your child's status and mark the calendar.

#### \* GATE 2:

Gate 2 is a more detailed assessment. Use Gate 2 as a guide when assessing your child. Note all changes in the monthly Calendar, on that day, and then continue to watch your child closely. If you notice a pattern of increasing symptoms, changes, or you are concerned, move to Gate 3.

#### \* GATE 3:

Gate 3 is a triage form. Complete Gate 3 answering all the questions before calling the physician. Gate 3 is a guide to help you leave a detailed message in order to communicate effectively with your child's physician. File this form behind the month of the occurrence to include in your child's medical history record.

#### \* GATE 4:

After calling 911 and your child is safe, complete Gate 4. File this form behind the month of the occurrence, then you have an accurate record of the events for your child's medical history record.

## D) Important Agency Information

### Important information you may need about:

Alameda County Community Resources; California Children Services (CCS); Health Services Overview; Family Resource Network (FRN); Oral/Dental Health Services; Special Education; Transportation; Regional Center of the East Bay (RCEB); Section 504 of the Rehabilitation Act (in the school setting); and Early Start.



## E) Monthly Calendar and Telephone Directory

### 1) Month at a View Calendar

This is used to keep track of appointments, dates, and other events taking place in the family's schedule. It is also a great place to keep track of days absent from school, mileage, and days in the hospital, or as part of your child's permanent medical record by recording vital information.

### 2) Telephone Directory pages

## F) Appendix

The Appendix includes information to help parents with children with special needs:

- a) communicate more effectively with health care providers by understanding medical terminology and measurements,
- b) become more knowledgeable about community resources,
- c) have a place to store helpful documents, and
- d) have an idea about services and expectations when entering the hospital.

The following are found in the Appendix:

### \* **Emergency Information Form For Children With Special Needs**

The American Academy of Pediatrics developed this form to be completed with assistance from your child's primary care physician. Be sure to have your physician sign this form. It is especially useful for visits to emergency rooms and with paramedics, as well as other health care providers.

### \* **Smart Card**

This card is a brief medical information card including primary care physician, diagnosis, allergies, reinforcers, insurance information, and current medications. Complete both the front and back. This form is a quick preview of your child with valuable information that is needed in your absence or in case of an emergency. It can be given to schools, babysitters, day care, family members, and anyone with whom you may leave your child.

### \* **Tips on Preparing to See the Doctor**

### \* **Glossary of Common Medical Terms**

### \* **Abbreviation and Measurement Chart**

### \* **Metric Doses and Apothecary Equivalents**

### \* **Insurance Worksheet**

## Reordering Information

For additional copies, contact:

**Family Resource Network**

**5232 Claremont Avenue**

**Oakland, CA 94618**

**(510) 547-7322**

Or email:

**info@frnoakland.org**



# My Child's Profile



- I. Personal Information**
- II. Equipment, Supplies & Services**
- III. Current Status of Sensory & Ability Information**
- IV. Ancillary Information**
- V. School Information**
- VI. Family History**
- VII. Monthly Weight Chart**
- VIII. Gate 1 Original Normal Status**
- IX. Immunization & Allergy Log**
- X. Medical Specialists**
- XI. Seizure/Behavior Log**
- XII. Problem/Treatment/History Log**
- XIII. Medication Log**



# My Child's Profile

## Child's Health Status Assessment & Portable Medical Record




### I. Personal Information

My Child's Name:		Nickname:		
Date of Birth:		Social Security #:		
Primary Language in our Home:		Date Form Completed:		
Child Lives with: <input type="checkbox"/> Biological Family <input type="checkbox"/> Extended Family <input type="checkbox"/> Adoptive Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Group Home				
Primary Place of Residence:				
City		State		Zip Code
<b>Family/Care Providers Emergency Contacts:</b>				
<b>Name/Relationship</b>	<b>Home #</b>	<b>Work #</b>	<b>Cell Phone #</b>	<b>Pager #</b>
<b>Primary Care Provider</b> (Pediatrician's name, address, phone, other numbers):				
<b>Primary and Secondary Diagnosis:</b>				
<b>Medical Alerts:</b>				
<b>Most Recent Hospitalization History:</b>				
<b>Date</b>	<b>Reason</b>	<b>Name of Hospital</b>	<b>Attending Doctor</b>	

# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Information:		
Name, Social Security # and Employer of Insured:		Address of Insured if different from child's:
Primary Health Insurance Company:		
Address:		Policy #:
		Phone #:
Secondary Health Insurance Company:		
Address:		Policy #:
		Phone #:
Other Health Insurance Company:		
Address:		Policy #:
		Phone #:
		
Community Services we use:		
Services	Contact Person:	Phone #:
<input type="checkbox"/> WIC		
<input type="checkbox"/> Regional Center		
<input type="checkbox"/> CCS		
<input type="checkbox"/> MH		
<input type="checkbox"/> Foster Care		
<input type="checkbox"/> FRN		(510) 547-7322
<input type="checkbox"/> Respite Care		
<input type="checkbox"/> Nursing		
<input type="checkbox"/> CPS		
<input type="checkbox"/> School-based		
<input type="checkbox"/> Other:		

# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_



## II. Equipment, Supplies & Services

Therapies and Related Services:				
<input type="checkbox"/> Not Applicable to my child				
Therapy	Frequency	Provider	Phone #	Start Date
Physical				
Occupational				
Speech				

Medication / Equipment / Supplies Contacts:				
<input type="checkbox"/> Not Applicable to my child				
Type	Provider	Address	Phone #	Start Date
Pharmacy				
Pharmacy				
Respiratory Medications				
Respiratory Supplies				
Nutritional/ Enteral				

Durable Medical Equipment (DME):				
<input type="checkbox"/> Not Applicable to my child				
Mobility				
Ortho/AFOs				
Respiratory				
Positioning Aides				
Wheelchair				
Rehabilitation				
Assistive Tech				



# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Respiratory Care:



Not Applicable to my child

<input type="checkbox"/> Oxygen:	Liters	Route	Start Date
<input type="checkbox"/> SVN:	Medication	Amount	Frequency
<input type="checkbox"/> Suctioning:	Route	Catheter size	Frequency
<input type="checkbox"/> Tracheostomy:	Size/Brand	Change Frequency	
<input type="checkbox"/> Ventilator:	Type	Settings: IMV	SIMV
		Peak Pressure	PEEP
<input type="checkbox"/> Pulse Ox:	Type	Settings: Low Alarm	High Alarm
	<input type="checkbox"/> Apnea Monitor:	Type	Settings: High Heart Rate
		Apnea settings in seconds	
<input type="checkbox"/> CPAP:	Type	Settings: Pressure	

Comments:

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# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## III. Current Status of Sensory & Ability Information



### Vision:

Last Date Tested: \_\_\_\_\_ By whom: \_\_\_\_\_ Where: \_\_\_\_\_

Results if known: \_\_\_\_\_

- Glasses     Contact lens     Prosthesis     Other

### Hearing:

Last Date Tested: \_\_\_\_\_ By whom: \_\_\_\_\_ Where: \_\_\_\_\_

Test Type/Results: \_\_\_\_\_

Test Type/Results: \_\_\_\_\_

- Wears aides     Right ear     Left ear     Both ears

### Mobility / Orthotics:

Braces:    Type    Orthotist    Provided by \_\_\_\_\_

Wheelchair:    Type    Orthotist    Provided by \_\_\_\_\_

Measured by \_\_\_\_\_ Last Date measured \_\_\_\_\_

Walker:    Type    Orthotist    Provided by \_\_\_\_\_

Jacket:    Type    Orthotist    Provided by \_\_\_\_\_



### Communication:

- Computer     Lip-reads  
 Communication Board     Interpreter services  
 Sign Language (ASL)     Communication Book  
 Sign Language (English)     Other: \_\_\_\_\_

### Developmental Screening:

At what age level is your child functioning? Cognitively \_\_\_\_\_ Motor skills \_\_\_\_\_

Last Date Tested: \_\_\_\_\_ By whom: \_\_\_\_\_ Where: \_\_\_\_\_

### Ambulation:

- Walks independently     Walks with Assistance  
 Walks with walker/brace etc.     Non-ambulatory  
 Uses wheelchair w/assistance     Manual     Motorized  
 Uses wheelchair w/o assistance     Manual     Motorized



### Transfer Directions:

- Independent     With assistance     Equipment type \_\_\_\_\_  
 Pivot transfer     1 or 2 person lift     Other: \_\_\_\_\_

# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Feeding:



- Regular diet     No assistance     Special dishes or utensils:
- Soft diet         Partial assistance    \_\_\_\_\_
- Pureed             Total assistance      \_\_\_\_\_
- Finger foods     Feeding pump        \_\_\_\_\_

## Special Diet Instructions: Not Applicable to my child

Type	Route	Amount/Schedule	Start Date
Example: Pediasure with Fiber	MIK-KEY	240cc bolus 4x daily and 30cc from 9PM-6AM for a total of 4-5 cans daily	01/01/05

Comments:

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## Hygiene:



- No assistance                       Partial assistance
- Total assistance                   Bath chair or shower equipment

## Toileting:

- Fully toilet trained                 No assistance
- Diapers at night                   Partial assistance
- Diaper dependent                 Total assistance

- Intermittent catheterization program
 

Frequency	Technique
<input type="checkbox"/> Independent	<input type="checkbox"/> Needs assistance

- Bowel management program

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# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_



## IV. Ancillary Information

### Hospital / Legal Information:

Hospital typically used for CCS admission: \_\_\_\_\_ Non-CCS admission: \_\_\_\_\_

Advanced Directives:  NO  YES, located where: \_\_\_\_\_  
Medical Power of Attorney:  NO  YES, located where: \_\_\_\_\_  
Guardianship:  NO  YES, Who(name): \_\_\_\_\_

### Child's Ethnicity:

### Check all that apply

African American  American Indian  Asian  Hispanic  
 Pacific Islander  White Non-Hispanic  Other: \_\_\_\_\_

### Religious Preference:

\_\_\_\_\_

## V. School Information



### My Child's Education:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Nurse: \_\_\_\_\_

Special Attendant: \_\_\_\_\_

Grade/Placement: \_\_\_\_\_ Type of Class: \_\_\_\_\_

Special Services: \_\_\_\_\_ Transportation: \_\_\_\_\_

IEP / IFSP Date: \_\_\_\_\_

Goals: \_\_\_\_\_

\_\_\_\_\_

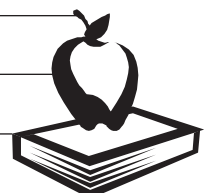
### School Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_



## VI. Family History

Date completed: \_\_\_\_\_

Please complete the following table, including your child's grandparents, by checking the appropriate box.

Family Health:				<input type="checkbox"/> Unknown						
Father	Mother	Sibling 1	Sibling 2	Sibling 3	Sibling 4	Sibling 5	Grand-mother 1	Grand-father 1	Grand-mother 2	Grand-father 2
Age										
Age at Death and Cause										
Health Status: E = Excellent / G = Good / F = Fair / P = Poor										
Arthritis? ✓ = YES										
Cancer? ✓ = YES										
Diabetes? ✓ = YES										
Heart Condition? ✓ = YES										
Lung Condition? ✓ = YES										
Stroke? ✓ = YES										
Smoker? ✓ = YES										
Mental Illness? ✓ = YES										
Other? (Condition Name)										



## VII. Monthly Weight Chart

Date / Year	Weight in Lbs.	Change +/-	Date / Year	Weight in Lbs.	Change +/-
JAN.			JULY		
FEB.			AUG.		
MAR.			SEPT.		
APRIL			OCT.		
MAY			NOV.		
JUNE			DEC.		

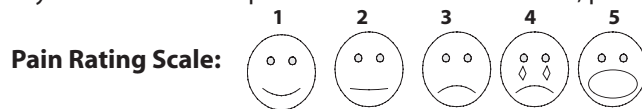
# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## VIII. GATE 1: Original Normal Status

Date completed: \_\_\_\_\_

The Child Profile is your portable medical record. Record you child's original Gate 1 normal status here. Then you will have a record of changes in your child's status for one year. We have included a pain rating scale to help you communicate your child's pain to his/her physician. If your child has no special needs in a certain area, put "not applicable" in the normal status or "normal."



	Areas to Check:	My Child's Normal Status is:
<ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Circulation</li> <li>• Eyes</li> <li>• Skin</li> </ul>	Skin Temperature	
	Skin Color	
	Rash	
	Drainage	
	Heart rate	
	Nose	
	Eyes	
<ul style="list-style-type: none"> <li>• Neurological</li> </ul>	Fontanel	
	Seizure Activity	
	Verbal Skills	
	Activity Level	
<ul style="list-style-type: none"> <li>• Respiratory</li> </ul>	Breathing	
	Vent Dependent / Tracheostomy / C-Pap	
	Oxygen	
<ul style="list-style-type: none"> <li>• Musculoskeletal</li> </ul>	Motor Skills	
	Upper Body Extremities	
	Lower Body Extremities	
<ul style="list-style-type: none"> <li>• Gastrointestinal</li> <li>• Urinary</li> </ul>	Stool	
	Urine	
	Feeding behaviors / appetite / source	
	Ostomy Sites	
<ul style="list-style-type: none"> <li>• Behavior</li> </ul>	Behavior/Attitude	
	Sleeping Pattern	
<ul style="list-style-type: none"> <li>• Miscellaneous</li> </ul>	Temperature	
	Blood Sugars	
	Other	





# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

PROFILE / IX. IMMUNIZATIONS / ALLERGIES

## IX. Immunization and Allergy Record Log

Immunization:	Date	Date	Date	Date	Reaction if any	Physician
Diphtheria-Tetanus (DT)						
Diphtheria-Pertussis-Tetanus (DPT)						
Tetanus						
Polio (OPVIPV)						
Measles-Mumps-Rubella (MMR)						
Measles-Rubella (MR)						
Mumps						
Rubella (3-day Measles)						
Haemophilus Influenzae (HIB)						
Hepatitis A						
Hepatitis B						
Varicella (Chicken Pox)						
Rotavirus						
Pneumovoccal (Pneumovac)						
Pneumococcal Conjugate						
Influenzae (Flu Shot)						

Skin Test Log:			
Test	Date	Result	Provider
Newborn Screen			
Tuberculosis (TB)			







# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## X. My Child's Medical Specialists



### Medical Specialists:

Keep track of all specialists involved in your child's care.

Type of Specialty	Name of Specialist	Address	Phone #	CCS? yes/no	Last Seen







# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## XII. Problem / Treatment / History Log



### Problem / Treatment / History:

Keep a running log of your child's medical history. Your child's history is important to anyone providing services to your child. Keep accurate and precise data on all illnesses, injuries, procedures, hospitalizations and office visits. Collect this data from your Month-at-a-View Calendar and GATES 2-4.

Date	Problem = Illness, injury, procedure (x-rays/labs), hospitalization (in- or out-patient, ER) or office visit (dental, medical, specialty)	Attending Physician	Location	Results / Outcomes





**XIII. Medication Log**

**Medication / Treatment:**

Enter any medication or treatment your health provider prescribes and any over-the-counter medications your child receives. Enter start and finish dates. Providing accurate information will help health care providers when providing services for your child.

Start Date	Finish Date	Medication / Dosage / Frequency / Route of Administration (how and where to give it)	Prescribed by	Prescription #	Pharmacy & Phone #

# My Child's Profile

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

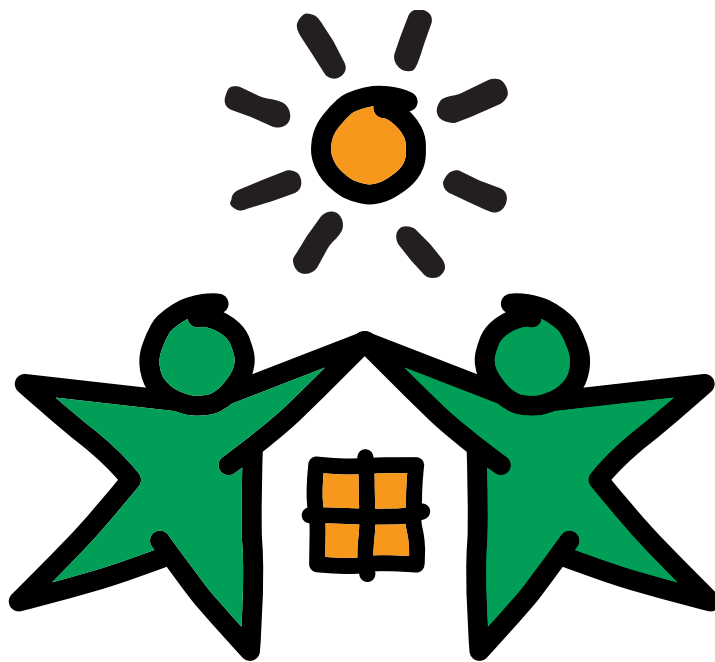


## XIII. Medication Log

PROFILE / XIII. MEDICATION / TREATMENT

<b>Medication / Treatment:</b>					
<b>Start Date</b>	<b>Finish Date</b>	<b>Medication / Dosage / Frequency / Route of Administration</b> (how and where to give it)	<b>Prescribed by</b>	<b>Prescription #</b>	<b>Pharmacy &amp; Phone #</b>





- \* Durable Medical Equipment (DME) Log
- \* Monthly Consumable Supply Log
- \* Out-of-Pocket Expense Log
- \* Communication Log
- \* GATE 1: A picture of how your child looks when he/she is in a stable condition.
- \* GATE 2: If you identify one or more abnormal findings during your daily assessment.
- \* GATE 3: I'm concerned about my child and will call his/her physician.
- \* GATE 4: My child had an emergency episode. I had to call 911.

















# Communication Log



Use the following log for any communication you would like to document. This will help you communicate effectively. Keeping a log will also help you document information accurately. Example: On this date, at this time, Jane said this... Use this log for phone or personal communication.

<b>Date/Time</b>	<b>Message / Concern / Reason for the call or talk</b>	<b>Time of Call Back / Who &amp; What they said</b>	<b>Outcome / Results / Follow up if needed</b>



# GATE 1: a picture of how your child looks when he/she is in a stable condition.

Child's Name: \_\_\_\_\_ Date form completed/updated: \_\_\_\_\_

Gate 1 is a picture of how your child looks when he/she is in a stable condition. Complete this form in pencil by describing your child's normal status. Then each day, use Gate 1 to assess your child using the norms you described below. If there are no changes, simply place a check in the Gate 1  located on each day of your calendar to indicate you assessed your child. If you notice 1 or more areas of change, move to Gate 2. Place a check in the Gate 2  and record all changes on that day in the calendar by describing the changes. Periodically review this Gate 1 to see if your child's normal status has changed and update Gate 1 when necessary.

	Areas to Check:	My Child's Normal Status is:
<ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Circulation</li> <li>• Eyes</li> <li>• Skin</li> </ul>	Skin Temperature	
	Skin Color	
	Rash	
	Drainage	
	Heart rate	
	Nose	
	Eyes	
	Ears	
<ul style="list-style-type: none"> <li>• Neurological</li> </ul>	Fontanel	
	Seizure Activity	
	Verbal Skills	
	Activity Level	
<ul style="list-style-type: none"> <li>• Respiratory</li> </ul>	Breathing	
	Vent Dependent / Tracheostomy / C-Pap	
	Oxygen	
<ul style="list-style-type: none"> <li>• Musculoskeletal</li> </ul>	Motor Skills	
	Upper Body Extremities	
	Lower Body Extremities	
<ul style="list-style-type: none"> <li>• Gastrointestinal</li> <li>• Urinary</li> </ul>	Stool	
	Urine	
	Feeding behaviors / appetite / source	
	Ostomy Sites	
<ul style="list-style-type: none"> <li>• Behavior</li> </ul>	Behavior/Attitude	
	Sleeping Pattern	
<ul style="list-style-type: none"> <li>• Miscellaneous</li> </ul>	Temperature	
	Blood Sugars	
	Other	







### GATE 3: I'm concerned about my child and will call his/her physician.

GATE 3 = I'm concerned about my child and will call his/her physician and advise of all changes or symptoms that are different from my child's normal status. Complete this form prior to calling and use as a guide.

NOTE: when leaving a message stay on the phone until you receive information on how to mark the call a priority, if necessary. Priority calls are usually returned within 2 hours. If you have not received a call within 2 hours please call back. If this call is not a priority and you can wait up to 4 hours or more depending on the volume of calls received that day, please do not mark the call a priority.

Date:	Call Placed (Time):	Call Back (Time):	By (Name):	Call Finished (Time):
Spell out Patient's Name:		Spell out Caller's Name/Relationship:		
<input type="checkbox"/> Identify Patient with Special Needs	DOB:	Weight:	Patient Allergies:	
Current Medications:		Insurance Provider:		
Pharmacy's Name/Phone Number:		Primary Care Physician:		
Chief Complaint:		Chronic Problems:		

**Symptoms: Circle any area that has presented a concern or a system change from the patients normal status and write details of that change below.**

Cardiovascular/Circulation/ Eyes/Skin	Neurological	Respiratory	Musculoskeletal
1-Change in skin color 2-Change in skin temp 3-Rash (describe, where) 4-Bruise (where) 5-Drainage (color, amount, from) 6-Swelling (where) 7-Change in heart rate (up/down) 8-Peripheral or central line 9-Pain, bleeding, or wound 10-Old wound or surgical site	1-Change in fontanel size, shape 2-Persistent headache 3-Mental confusion/slurred speech 4-Blurred vision 5-Pupils changed size 6-Difficulty with swallowing 7-Lethargy (overly sleepy) 8-Seizure or increase in seizure activity 9-Increase in drooling, gagging, or choking 10-Prior symptoms of shunt failure 11-Loss of consciousness	1-Difficulty breathing, out of breath 2-Audible wheeze (whistling) 3-Leaning forward to ease breathing 4-Color change in skin 5-Retractions (stomach in & out) 6-Increase in coughing 7-Decrease in peak flow 8-Increase in medication use 9-Increase in secretions 10-Color change in secretions 11-Increase in oxygen use 12-Vent dependent or tracheostomy	1-Unable to move extremity 2-Change in appearance of extremity (color, shape, size) 3-Change in sensation of extremity 4-Increase in pain in extremity 5-Muscle cramping in extremity 6-Decrease in movement of extremity
Gastrointestinal/Urinary	Behavior		Miscellaneous
1-Residual from last feeding 2-Nausea, Pain or Vomiting (color, amount) 3-Increase or decrease in stool (color, consistency, pain) 4-Increase or decrease in urine (color, odor, appearance, pain) 5-Bleeding (where) 6-Abdomen distended (hard, bigger than usual) 7-Enteral feedings, G-tube, Mic-key button 8-Sunken eyes, dry tears, dry mouth (dehydration) 9-Any Ostomy sites	1-Changes in behavior (school/community/home) 2-Increase in aggressive and/or self-injurious behavior 3-Irritability or crying for unknown reason 4-Sleeping patterns		1-Blood Sugars 2-Elevated temperature for greater than 24 hours

Comments or detailed description of symptoms:

How long has your child been showing these symptoms?

If this is a sudden change what was your child doing before the symptoms occurred?

What is your child doing now/what does your child look like right now?

Did you do anything that seemed to help relieve the symptoms?

What is your (parent/caregiver) intuition about the change in symptoms?

Plan/Advice given by Nurse or Physician:

See immediately:     In office today                       Go to Emergency Room                       Call 911 Immediately  
                                   See Tomorrow in Office                       Follow-up Care Instructions given by:

As the parent/caregiver do you feel comfortable with these instructions?     YES     NO - Explain no:





# GATE 4: My child had an emergency episode. I had to call 911.

I'm using this form to record the event after calling 911, after things calm down, and when I have a chance.

Date:	Call Placed (Time):	Call Back (Time):	By (Name):	Call Finished (Time):
Spell out Patient's Name:			Spell out Caller's Name/Relationship:	
<input type="checkbox"/> Identify Patient with Special Needs	DOB:	Weight:	Patient Allergies:	
Current Medications:			Insurance Provider:	
Pharmacy's Name/Phone Number:			Primary Care Physician:	
Chief Complaint:			Chronic Problems:	

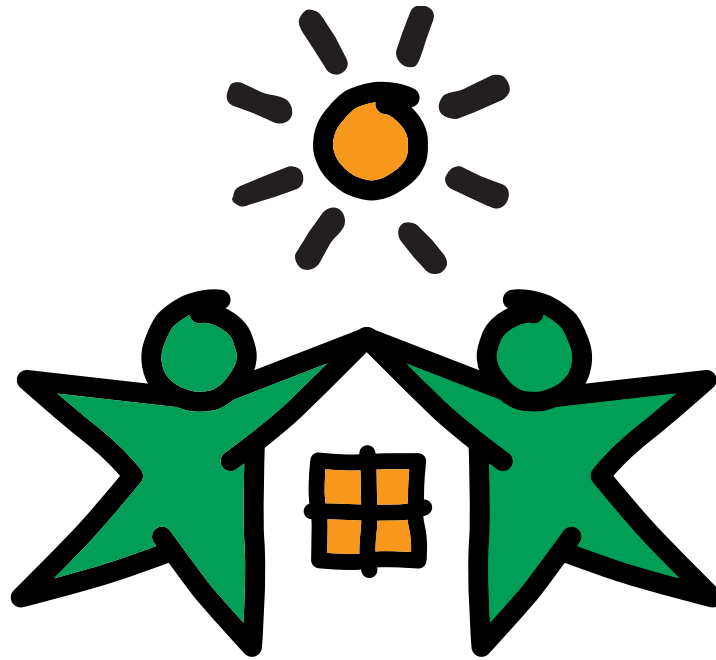
**Symptoms: Circle any area that has presented a concern or a system change from the patients normal status and write details of that change below.**

Cardiovascular/Circulation/ Eyes/Skin	Neurological	Respiratory	Musculoskeletal
1-Change in skin color 2-Change in skin temp 3-Rash (describe, where) 4-Bruise (where) 5-Drainage (color, amount, from) 6-Swelling (where) 7-Change in heart rate (up/down) 8-Peripheral or central line 9-Pain, bleeding, or wound 10-Old wound or surgical site	1-Change in fontanel size, shape 2-Persistent headache 3-Mental confusion/slurred speech 4-Blurred vision 5-Pupils changed size 6-Difficulty with swallowing 7-Lethargy (overly sleepy) 8-Seizure or increase in seizure activity 9-Increase in drooling, gagging, or choking 10-Prior symptoms of shunt failure 11-Loss of consciousness	1-Difficulty breathing, out of breath 2-Audible wheeze (whistling) 3-Leaning forward to ease breathing 4-Color change in skin 5-Retractions (stomach in & out) 6-Increase in coughing 7-Decrease in peak flow 8-Increase in medication use 9-Increase in secretions 10-Color change in secretions 11-Increase in oxygen use 12-Vent dependent or tracheostomy	1-Unable to move extremity 2-Change in appearance of extremity (color, shape, size) 3-Change in sensation of extremity 4-Increase in pain in extremity 5-Muscle cramping in extremity 6-Decrease in movement of extremity
Gastrointestinal/Urinary	Behavior		Miscellaneous
1-Residual from last feeding 2-Nausea, Pain or Vomiting (color, amount) 3-Increase or decrease in stool (color, consistency, pain) 4-Increase or decrease in urine (color, odor, appearance, pain) 5-Bleeding (where) 6-Abdomen distended (hard, bigger than usual) 7-Enteral feedings, G-tube, Mic-key button 8-Sunken eyes, dry tears, dry mouth (dehydration) 9-Any Ostomy sites	1-Changes in behavior (school/community/home) 2-Increase in aggressive and/or self-injurious behavior 3-Irritability or crying for unknown reason 4-Sleeping patterns		1-Blood Sugars 2-Elevated temperature for greater than 24 hours

Comments or detailed description of symptoms:
How long has your child been showing these symptoms?
If this is a sudden change what was your child doing before the symptoms occurred?
What is your child doing now/what does your child look like right now?
Did you do anything that seemed to help relieve the symptoms?
What is your (parent/caregiver) intuition about the change in symptoms?
Plan/Advice given by Nurse or Physician:
See immediately: <input type="checkbox"/> In office today <input type="checkbox"/> Go to Emergency Room <input type="checkbox"/> Call 911 Immediately <input type="checkbox"/> See Tomorrow in Office <input type="checkbox"/> Follow-up Care Instructions given by:
As the parent/caregiver do you feel comfortable with these instructions? <input type="checkbox"/> YES <input type="checkbox"/> NO - Explain no:



# Important Agency Information



- \* Alameda County Community Resources
- \* California Children Services (CCS)
- \* Health Services Overview
- \* Family Resource Network (FRN)
- \* Oral/Dental Health Services
- \* Special Education
- \* Transportation
- \* Regional Center of the East Bay (RCEB)
- \* Section 504 of the Rehabilitation Act
- \* Early Start



# Alameda County Community Resources



Every child deserves  
a medical home.

<b>California Children Services (CCS)</b> Specialized medical care for children with eligible medical conditions (0 up to age 21).		510 208-5970
<b>Child Care Referrals</b> Listings of child care and preschool programs as well as subsidy information.	North County Mid County Tri Valley	510 658-1409 510 582-2189 925 417-8733
<b>Child Health &amp; Disability Prevention (CHDP)</b> Free checkups/immunizations for low income children (0 up to age 19, or 21 if Medi-Cal).	Berkeley	510 618-2070 510 981-5308
<b>Dental Care (Denti-Cal)</b> Referrals to dental services for Medi-Cal eligible individuals (all ages).	Denti-Cal Application Help	800 322-6384 800 422-9495
<b>Family Crisis</b> Services to parents, caregivers & children needing support, legal services or crisis intervention.	Parental Stress Services Family Violence Law Center	800 829-3777 510 208-0255
<b>Family Resource Network (FRN)</b> Free information, referral services, advocacy and parent-to-parent support for children with disabilities or special health care needs (0 up to age 22).		510 547-7322
<b>Head Start</b> Educational, health and social services to low income children including children with special needs (0 up to age 6).	Alameda Berkeley Oakland South County Tri-Valley	510 865-4500 510 848-9092 510 238-3165 510 796-9512 925 443-3434
<b>Healthy Families Program</b> Assistance with health care to low-income children (0 up to age 19).	Toll Free	888 747-1222 510 639-1000
<b>Medi-Cal</b> Health care to low income individuals (all ages).	Toll Free	888 747-1222 510 639-1000
<b>Mental Health / Drug &amp; Alcohol Abuse</b> Evaluations and services for those with mental health, drug or alcohol problems (all ages).	Alameda Co. Behavioral ACCESS	800 491-9099
<b>Newborn Hearing Screening Program (NHSP)</b> Early identification and links to services and interventions for infants with hearing loss.	Toll Free	877 388-5301
<b>Public Health Resources</b> Information about health referrals.	Alameda Co. Clearinghouse Berkeley Advice Line	888 604-4636 510 981-5300
<b>Regional Center of the East Bay (RCEB)</b> Services for those with developmental disabilities (all ages). "Early Start" program provides services for children (0 up to age 3) with or at risk for developmental disabilities.	Early Start	510 383-1200 510 383-1355
<b>Special Education Local Plan Area (SELPA)</b> Services through local public schools to support the education of students with special needs (3 up to age 22).	Alameda/Albany/Berkeley/ Emeryville/Piedmont Oakland Castro Valley/Hayward/San Leandro/San Lorenzo New Haven/Newark/Fremont Dublin/Livermore/Sunol Glen/Mountain House Elem./Pleasanton	510 337-2352 510 879-8223 510 537-3000 510 659-2569 925 426-9144
<b>Supplemental Security Income (SSI)</b> Cash assistance and Medi-Cal to low-income disabled individuals (all ages).		800 772-1213
<b>Women, Infants, and Children (WIC) Supplemental Food Program</b> Nutrition and breastfeeding counseling, food vouchers and breast pump loans to low-income pregnant or nursing women, infants and children (0 up to age 5).	Toll Free Berkeley	510 595-6400 888 942-9675 510 981-5360



Every Child Counts/First 5 Alameda County generously funded updates. Alameda Alliance for Health generously funded printing.

Alameda County Medical Home Project: Phone/Fax (510) 540-8293  
Reprints: Alameda Alliance for Health (510) 747-4577

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Agencies	Eligibility	Income Requirements	Services
<p><b>Family Resource Network (FRN)</b></p> <p>(510) 547-7322</p>	<ul style="list-style-type: none"> <li>• Ages 0 up to 22 years</li> <li>• All families and/or caregivers of special needs children residing in Alameda County</li> </ul>	<ul style="list-style-type: none"> <li>• No income limits</li> </ul>	<ul style="list-style-type: none"> <li>• Parent to parent support for families of children with special health and developmental needs</li> <li>• Free information and referral services</li> <li>• Quarterly newsletter</li> <li>• Resource library</li> <li>• Training &amp; Advocacy</li> </ul>
<p><b>Special Education Local Plan Area (SELPA)</b></p> <p>See reverse side for individual SELPA #s</p>	<ul style="list-style-type: none"> <li>• Ages 0 up to 22 years</li> <li>• Children and youth eligible for Regional Center and/or Mental Health services</li> <li>• Children with other health or sensory impairments, and/or learning disabilities</li> <li>• Early Start eligible: Solely Low Incidence (SLI) - hearing, visual and orthopedic impairments</li> </ul>	<ul style="list-style-type: none"> <li>• No income limits</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive devices/services</li> <li>• Audiology services</li> <li>• Family training, counseling, home visits (Early Start only)</li> <li>• Some health services</li> <li>• Diagnostic services</li> <li>• Nursing assessments</li> <li>• OT &amp; PT</li> <li>• Psychological services</li> <li>• Respite (Early Start only)</li> <li>• Special instruction</li> <li>• Speech/language services</li> <li>• Transportation</li> <li>• Vision services</li> <li>• Others as needed</li> </ul>
<p><b>Regional Center of the East Bay (RCEB)</b></p> <p>(510) 383-1200 (# for ages 3 and up)</p>	<ul style="list-style-type: none"> <li>• Life Span</li> <li>• Developmental disabilities including retardation, cerebral palsy, epilepsy, autism</li> <li>• Early Start eligible (see below)</li> </ul>	<ul style="list-style-type: none"> <li>• No income limits</li> <li>• Co-pay required on respite, daycare and camping services for families over 400% of Federal Income Guidelines (FIG) [also known as Federal Poverty Level, or FPL] and whose children are ages 3 up to age 18.</li> </ul>	<ul style="list-style-type: none"> <li>• Early Intervention services (see column below)</li> <li>• Non-medical services, mostly case-management</li> <li>• Family support, respite, crisis intervention, special living arrangements, community integration</li> <li>• Interpreter/translator, advocacy, transportation vouchers</li> <li>• Assessment, rehabilitation and training, treatment, therapy, prevention, special equipment (usually as payer of "last resort")</li> </ul>
<p><b>Early Start</b></p> <p>Early Intervention Program</p> <p>(510) 383-1355 (RCEB # for ages 0-3)</p>	<ul style="list-style-type: none"> <li>• 0 up to age 3</li> <li>• At risk for developmental disabilities</li> <li>• Developmentally delayed</li> <li>• Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay</li> <li>• Solely Low Incidence (SLI): hearing, visual and orthopedic impairments</li> </ul>	<ul style="list-style-type: none"> <li>• No income limits</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive devices/services</li> <li>• Audiology services</li> <li>• Case management</li> <li>• Family training, counseling, home visits</li> <li>• Some health services</li> <li>• Diagnostic services</li> <li>• Nursing</li> <li>• Nutritional counseling</li> <li>• OT &amp; PT</li> <li>• Psychological services</li> <li>• Respite</li> <li>• Social work services</li> <li>• Special instruction</li> <li>• Speech/language services</li> <li>• Transportation</li> <li>• Vision services</li> <li>• Others as needed</li> </ul>
<p><b>County Mental Health</b></p> <p>(800) 491-9099</p>	<ul style="list-style-type: none"> <li>• Life Span</li> <li>• Children/Youth with full scope Medi-Cal (0 up to age 21)</li> <li>• Children/Youth in Healthy Families Program (0 up to age 19)</li> <li>• Special education referrals from schools (0 up to age 22)</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal or Healthy Families income limits</li> <li>• No income limits if referred by school system</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient assessment or psychological evaluation &amp; referral to community practitioners</li> <li>• All services required of an IEP including day &amp; residential treatment as necessary</li> <li>• Psychological emergency services (for a fee, if not covered by insurance)</li> </ul>
<p><b>California Children Services (CCS)</b></p> <p>(510) 208-5970</p>	<ul style="list-style-type: none"> <li>• 0 up to age 21</li> <li>• Children and youth with physical injuries, illness, or disabilities (see CCS diagnoses below)</li> </ul>	<ul style="list-style-type: none"> <li>• For diagnostics , PT &amp; OT: no income requirements</li> <li>• For coverage of CCS condition, income less than \$40,000</li> <li>• If medical expenses greater than 20% family income</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• High Risk Infant Program</li> <li>• All services which apply to condition: doctors, hospital, surgery, PT, OT, lab tests, x-rays, orthopedic &amp; medical equipment, case management including transportation and maintenance</li> </ul>
<p><b>CCS Diagnoses:</b></p>			
<ul style="list-style-type: none"> <li>• Heart conditions</li> <li>• Neoplasms</li> <li>• Blood disorders (hemophilia, sickle cell anemia)</li> <li>• Respiratory system disorders (cystic fibrosis, chronic lung disease)</li> <li>• Endocrine, nutritional &amp; metabolic disorders (PKU, thyroid problems or diabetes)</li> <li>• Genito-urinary system disorders (serious kidney problems)</li> <li>• Gastrointestinal system disorders (biliary artesia)</li> <li>• Serious birth defects (cleft lip/palate, spina bifida)</li> <li>• Nervous system disorders (cerebral palsy, uncontrolled epilepsy)</li> </ul>		<ul style="list-style-type: none"> <li>• Sense organ disorders (hearing loss, loss of vision due to glaucoma or cataracts)</li> <li>• Musculoskeletal &amp; connective tissue disorders (muscular dystrophy, JRA)</li> <li>• Severe disorders of the immune system (HIV)</li> <li>• Disabling injuries &amp; poisonings requiring intensive care or rehabilitation (severe brain, spinal cord injuries &amp; burns)</li> <li>• Complications of premature birth requiring an intensive level of care</li> <li>• Skin &amp; subcutaneous tissue disorders (severe hemangioma)</li> <li>• Medically handicapping malocclusion</li> </ul>	

# California Children Services (CCS)



**C**alifornia Children Services (CCS) is a program that pays for specialty health care services for eligible children/young adults with serious and/or chronic medical conditions.

**Medical Conditions** What are some examples of eligible conditions?  
\* Birth defects \* Blood disorders \* Cancer & some other tumors \* Cerebral palsy \* Endocrine & Metabolic disorders \* Genetic conditions \* Heart disease \* HIV/AIDS

**Services** What is the scope of CCS services?

### Diagnostic Evaluations

The program pays for diagnostic evaluations necessary to determine whether a condition is medically eligible. CCS also covers HIV testing.

### Treatment Services

CCS may authorize ongoing medical treatment and services such as:

- \* Hospitalizations and Surgeries
- \* Social services including case management
- \* Nutritional consultations
- \* Equipment/supplies/medications
- \* Orthodontics

### Therapy Services

Physician and occupational therapy services are provided at Medical Therapy Units (MTUs) located on public school campuses to children with a physical disability who meet medical eligibility criteria.

**Eligibility** Who is eligible?

The program is open to anyone who meets **all** of the following requirements:

- \* Is under 21 years old
- \* Has or may have a medical condition that is covered by CCS
- \* Is a resident of California, **and**
- \* Has a family income of less than \$40,000 as reported as the adjusted gross income on the state tax form, **or**
- \* The out-of-pocket medical expenses for a child who qualifies are expected to be more than 20% of family income, **or**
- \* The child has Healthy Families coverage **or** Medi-Cal coverage

**Eligibility Exceptions** Family income **is not** a factor for children who:

- \* Need diagnostic services to confirm a CCS eligible medical condition, **or**
- \* Were adopted with a known CCS eligible medical condition, **or**
- \* Are applying only for services through the Medical Therapy Program

**Providers** Who are CCS providers?  
 CCS providers are health care professionals with special expertise in the treatment of children, such as: Pediatricians, Neurologists, Orthopedists, Cardiologists, Orthodontists, Therapists, Social Workers, Nutritionists, Pharmacists and others. These providers must meet the participating standards and be approved by the State CCS program, to be on the CCS panel. Providers sometimes work together as a team to provide comprehensive care for children with certain conditions. Team services are usually provided in Special Care Centers.

**Referral** How does a child receive CCS Services?  
 Referrals may be made by anyone such as a family member, school staff, or health care provider. A referral may be sent on a **CCS Referral Form or in a letter**, which includes all of the following information:

- \* Patient’s name
- \* Date of Birth
- \* Medi-Cal number (if available)
- \* Name, address and telephone number of parent/legal guardian
- \* Address and telephone number of the child
- \* Medical condition
- \* Name, address and telephone number of the referral source

**Application** After a referral is made, a **CCS Application** will be sent or given to the family and must be completed by the parent or legal guardian. The application **must** be accompanied or followed by a medical report by the doctor. When the completed CCS application and medical report is received, the eligibility process begins.

**Possible Fees** The family must provide the financial and residential information needed to determine program eligibility. Some families may be required to pay an annual \$20 assessment fee and/or an annual enrollment fee based upon family size and earnings above a certain income.

**Appeals** What appeals process is in place?  
 Once a client has applied for CCS Services, they will receive a written decision if their eligibility or a service has been denied, reduced or stopped. This decision is called a **“Notice of Action”** (NOA). If the client does not agree with the decision, they may call CCS at the number listed on the NOA and attempt to resolve the issue by telephone. If this is unsuccessful, and the client is still interested in appealing, there is an official appeals process. The appeal process has two parts: FIRST LEVEL APPEAL and, if the client disagrees with the results, a FAIR HEARING. Both parts require written requests.

**2nd Opinion** When a CCS-approved doctor will not prescribe or refuses to continue prescribing a service, this does not fall under the formal appeals process. If this happens, the client may request a second opinion from an expert physician. This parent/caregiver will be able to choose the doctor from a list of three experts that CCS will provide. The opinion of the expert is final.

<b>Contact Information</b>	(510) 208-5970	<b>California Children Services (CCS) Alameda County Public Health Department 1000 Broadway, Suite 500 Oakland, CA 94607</b>
	<b>Web site</b>	<b><a href="http://www.dhs.ca.gov/pcfh/cms/ccs">http://www.dhs.ca.gov/pcfh/cms/ccs</a></b>





## Health Services Overview

Regular health care is important for a child’s well being and physical development. Here are a few programs that provide no-cost or low-cost healthcare for children.

<p><b>Health Services Overview Chart</b></p> <p><b>Programs most used by children with special health care needs (CSHCN)</b></p>	<p align="center"><b>Medi-Cal</b></p>	<p align="center"><b>Child Health and Disability Prevention (CHDP) Program</b></p>
	<p><b>Provides</b> no-cost* comprehensive health, dental and vision coverage for children and pregnant women.  <b>Eligibility</b> determined by family size, children’s ages and family income.  <b>Available</b> to eligible U.S. citizens, U.S. nationals or immigrants.                      *Families whose income is higher than the allowable limits for no-cost Medi-Cal will have a share of cost based on income and family size.</p> <p><b>(888) 747-1222 Information, toll free</b>  <b>(510) 639-1000 Information</b></p>	<p><b>Provides</b> no-cost well-child screening program for infants, children and teens. Any identified health problems are referred for diagnosis and treatment.  <b>Eligibility</b> Those on Medi-Cal (birth up to age 21), or those (birth up to age 19) in families who have low-to-moderate income; up to 200% of the Federal Poverty Level (FPL).</p> <p><b>(510) 618-2070 CHDP Alameda Co</b>  <b>(510) 981-5308 CHDP Berkeley</b></p>
	<p align="center"><b>Healthy Families Program</b></p>	<p align="center"><b>Kaiser Permanente (KP) Cares for Kids Child Health Plan</b></p>
	<p><b>Provides</b> low-cost health, dental and vision coverage for children who are not eligible for no-cost Medi-Cal.  <b>Cost</b> \$4 to \$9 each month. Maximum \$27 per family.  <b>Eligibility</b> determined by family size, children’s ages and family income. Available to U.S. citizens, U.S. nationals and “qualified” immigrant children (under age 19).</p> <p><b>(888) 747-1222 Information, toll free</b>  <b>(510) 639-1000 Information</b></p>	<p><b>Provides</b> low-cost health care coverage for uninsured children who are not eligible for no-cost Medi-Cal or Healthy Families.  <b>Available</b> to children (under age 19) who live within Kaiser Permanente’s California service area.  <b>Cost</b> \$8 to \$15 per child per month.  <b>Eligibility</b> based on family size/income.</p> <p><b>(800) 255-5053 Information/Request Enrollment Packet</b></p>
<p align="center"><b>Access for Infants and Mothers (AIM) Program</b></p>		
<p><b>Provides</b> health insurance for uninsured pregnant women and their newborns (up to age 2).  <b>Eligibility</b> To qualify, women must be less than 31 weeks pregnant, CA residents for at least 6 months, not eligible for no-cost Medi-Cal, uninsured, and have incomes within AIM guidelines. Women with separate maternity deductibles or co-payments over \$500 may also qualify.  <b>Cost</b> Total cost is 1.5% of family income from pregnancy through infant’s 1st year.</p> <p><b>(800) 433-2611 Application request</b>  <b>(800) 300-1031 Northern California AIM Representative for Information/Help with your application</b></p>		

**Source** (abridged) Children’s Health Access and Medical Program Network (CHAMP)  
**Web site** <http://www.champ-net.org> (for more information)



## Family Resource Network (FRN)



**F**amily Resource Network (FRN) provides parent-to-parent support, information and referral for families of children with disabilities or who have special health care needs (ages 0 up to 22 years). All staff are parents of children with special needs.

**Services** In addition to peer counseling, FRN:

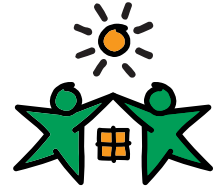
- \* Produces a quarterly newsletter listing parent and professional trainings, support groups that are disability-specific as well as linguistically appropriate, social and recreational activities for teens, and other helpful information.
- \* Disseminates a county-wide resource directory that is free to families and is offered to providers at a nominal fee.
- \* Sponsors a number of trainings and support groups on a variety of topics pertinent to parenting a child with special needs.
- \* Assists parents with accessing educational, developmental, social and medical services appropriate to the needs of the individual child.
- \* Maintains a lending library, video collection and other educational materials.

**Eligibility** Who is eligible?

Services are available for any parent of a child with disabilities or special health care needs residing in Alameda County. There are no income requirements and all services are free of charge and offered in both English and Spanish.

<b>Contact</b>	<b>(510) 547-7322</b>	<b>Family Resource Network (FRN)</b>
<b>Information</b>	<b>(510) 658-8354 FAX</b>	<b>5232 Claremont Avenue (near Telegraph)</b>
		<b>Oakland, CA 94618</b>
	<b>email</b>	<b>info@frnoakland.org</b>





## Oral/Dental Health Services

**O**ral Health Services are provided through several programs in California—the Office of Oral Health, Child Health and Disability Prevention Program (CHDP); Medi-Cal (the Denti-Cal program); California Children’s Services (CCS); Healthy Families; and Regional Center. These programs can **provide preventive care and treatment of dental conditions**. Additionally there are a few community-based programs offered through dental schools and non-profit organizations.

**Oral Health Care Programs and Services** What programs and services are provided?

### CHDP/Denti-Cal

Children with special needs, who are Medi-Cal or CHDP eligible, may receive dental services from a provider who is participating in the state and federally funded Denti-Cal program. Services include annual preventive dental care by participating dentists for Medi-Cal eligible children (3 years of age and older).

<b>Contact Information</b>	<b>(800) 322-6384</b>	<b>Denti-Cal for families</b>
	<b>(800) 423-0507</b>	<b>Denti-Cal for providers</b>
	<b>(800) 422-9495</b>	<b>Denti-Cal Application Help</b>

### California Children Services (CCS)

Dental and orthodontic services are provided if they are related to the treatment of the CCS eligible condition or if the CCS eligible condition would complicate routine dental care. Services include preventive and restorative services and general anesthesia when administered in a CCS-approved facility.

**Contact (510) 208-5970 California Children Services (CCS)**

### Children’s Hospital Oakland

Provides treatment for baby teeth, preventive care and treatment under anesthesia for children with special health care needs (CSHCN), uncooperative children or those medically compromised. (Generally 0–12 years of age)

**Contact (510) 428-3316 Children’s Hospital Oakland Dental Clinic**

### Healthy Families Program

Children who are enrolled in Healthy Families may receive dental services from a provider who is participating in one of Healthy Families’ dental plans (Access Dental, Delta or Health Net).

**Contact (888) 747-1222 Healthy Families Program**

**Oral Health  
Care  
Programs  
(continued)**

**Dental Schools**

Most Dental Schools do not have separate clinics for children with special needs, but integrate these children into the general pediatric or advanced general dentistry clinics. Services are usually covered through Denti-Cal, third party payers or fee for service (usually reduced fees).

**Contact  
Information**

**(415) 476-3276**

**UCSF Pediatric Clinic**

505 Parnassus Ave.  
San Francisco  
Accept children any age, any disability

**(415) 929-6550**

**UOP Pediatric Clinic**

2155 Webster St.  
San Francisco  
Accept children (0 up to age 15)

**(510) 489-5200**

**UOP Union City Dental Care Center**

1203 J Street  
Union City  
Accept children (7 and up)

**Public Health Clearinghouse (PHC)**

PHC is a service of the Alameda County Public Health Department. It keeps an updated referral database of dentists and physicians who accept Medi-Cal. It also provides information on different options for health coverage, including clinics that offer a sliding fee scale.

**Contact**

**(888) 604-4636**

**Referrals for dentists and dental clinics**

**Regional Center of the East Bay (RCEB)**

Children who are eligible for Regional Center and have no other access to dental care may be able to be funded for care. Also Regional Center may be able to supplement a family's dental care for services such as general anesthesia or orthodontics if the need is related to the developmental disability.

**Contact**

**(510) 383-1200**

**Regional Center of the East Bay (RCEB)**



## Special Education

**S**pecial Education is instruction individually designed to meet the unique needs of children with disabilities. It provides them with a “free appropriate public education” (FAPE) in the “least restrictive environment” (LRE) as guaranteed by the Individuals with Disabilities Education Act (IDEA).

Included in special education are the services and supports that are needed by students whose educational needs cannot be met by simple modification of the regular instructional program. Education for children with disabilities includes independent living skills in addition to academics.

Parents/guardians are full members of the **Individualized Education Program (IEP)** team. No planning or provision of special education services can be provided without the participation (if desired) or consent of the parent/guardian.

**Services** What services are provided?

Special Education Services	
<b>Individualized Education Program (IEP) Process</b>	
<ul style="list-style-type: none"> <li>• Identification of children with special needs.</li> <li>• Assessment and Triennial (every 3 years) Reassessment by appropriate disciplines to determine eligibility and identify needed services.</li> <li>• Annual development (or more often as necessary) of the student’s IEP plan.</li> <li>• Evaluation of goals and modification of educational plan as needed.</li> </ul>	
<b>Related Services</b> (may include but are not limited to)	
<ul style="list-style-type: none"> <li>• 1:1 Instructional Aide (IA)</li> <li>• Adapted Physical Education (APE)</li> <li>• Art Therapy</li> <li>• Assistive Technology (AT)</li> <li>• Audiology services</li> <li>• Counseling and Guidance</li> <li>• Driver Training specialized instruction</li> <li>• Health and Nursing services</li> <li>• Home or Hospital Instruction</li> <li>• Low-incidence Disabilities specialized services, such as readers, transcribers, and vision and hearing services</li> <li>• Occupational Therapy (OT)</li> <li>• Orientation and Mobility instruction</li> <li>• Parent Counseling and Training</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Therapy (PT)</li> <li>• Recreation, including therapeutic recreation</li> <li>• Sign Language or Oral Interpreter</li> <li>• Social Work services</li> <li>• Speech and Language development and remediation (SP)</li> <li>• Transportation</li> <li>• Vision services (VI)</li> <li>• Vocational specially designed Education and Career Development</li> <li>• Psychological services (in addition to assessment and development of the individualized education program)</li> <li>• Psychotherapy</li> </ul>
<b>All services are provided without cost to the family.</b>	

**Placement** Where are services provided?

Where special education services will be provided, usually called “placement,” is determined after the IEP team has fully considered all of the student’s needs.

**Special Education Placement (continued)** Special education services may be provided in a variety of settings, including a:

- \* General Education classroom (with necessary supports)—often referred to as “full-inclusion” (FI) or “mainstreaming”
- \* Resource room (RS)
- \* Special Day Class (SDC) on a regular campus
- \* “Non-public School” (NPS) (a private therapeutic school that is credentialed by the state and eligible to receive district funding), **or**
- \* Combination of settings depending on the student’s individualized needs.

The home, a hospital, or residential treatment facility may also be the site for special education services. However, a key component of federal IDEA law mandates that children should receive special education services in the “least restrictive environment” (LRE), or most “regular” setting possible.

**Eligibility** Who is eligible?  
 Children (age 3 up to age 18) or (up to age 22, provided the student has not graduated from high school with a regular high school diploma) who have one of the following types of disabilities:

- |                         |  |
|-------------------------|--|
| * Autism                | * Other health impairment                |
| * Deafness              | * Serious emotional disturbance          |
| * Deaf-blindness        | * Specific learning disability           |
| * Hearing impairment    | * Speech and language impairment         |
| * Mental retardation    | * Traumatic brain injury                 |
| * Multiple disabilities | * Visual Impairment, including blindness |
| * Orthopedic impairment |  |

**Evaluation Request** How does a person begin the IEP Process?  
 A parent or a teacher, counselor or other school personnel can request that a student be evaluated for special education services. A request for evaluation **must be made in writing** and may be sent to:

- \* the child’s teacher,
- \* the principal of the child’s home school, or
- \* the home school district’s Special Education Administrative office

**Timelines/ Procedure** How must the school district respond to a request for evaluation?

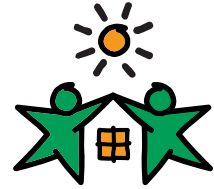
- \* After the written request for Special Education evaluation is received, the district has **15 days to develop an Assessment Plan**.
- \* The Assessment Plan is developed and sent to the parent/guardian, who have **up to 15 days to consent to the Assessment Plan**. No student can be assessed without the written consent of the parent or legal guardian.
- \* When the district receives the consent, they have **50 calendar days to complete the assessment and schedule the IEP meeting**.

**IEP Request** Parents of students currently receiving Special Education services have the right to request an IEP meeting any time needed to review or change the IEP. Again, the request for an IEP meeting **must be made in writing**. If the parent is not requesting additional assessment(s) at that time, the district must schedule an IEP **within 30 days of receiving a written request**.



<b>Special Education Contact Information</b>	<p><b>Call your... Call your... Call your...</b></p> <p>(510) 337-2352  (510) 879-8223  (510) 537-3000  (510) 659-2569  (925) 426-9144</p> <p><b>(800) 926-0648  (916) 327-3704 FAX</b></p> <p><b>(916) 445-4613  (916) 323-9779 TTY  (916) 327-3516 FAX  Web site</b></p> <p><b>(510) 430-8033  (800) 776-5746</b></p> <p><b>Web site</b></p>	<p><b>Child's Home School  Child's Local School District's Dept. of Special Education</b></p> <p><b>Special Education Local Planning Area (SELPA) Office:  SELPA - Alameda/Albany/Berkeley/Emeryville/Piedmont  SELPA - Oakland  SELPA - Castro Valley/Hayward/San Leandro/San Lorenzo  SELPA - New Haven/Newark/Fremont  SELPA - Dublin/Livermore/Sunol Glen/Mountain House  Elementary/Pleasanton</b></p> <p><b>Procedural Safeguards Referral Service</b>  Technical assistance information and resources for parents, school districts, advocates, agencies and others of procedural safeguards regarding students (3 up to age 22) with disabilities and their educational rights.</p> <p><b>CA Department of Education/Special Education Division  Mail: P.O. Box 944272; Sacramento, CA 94244-2720  Location: 428 J Street, Fifth Floor; Sacramento, CA 95814  http://www.cde.ca.gov/spbranch/sed</b></p> <p><b>Protection and Advocacy, Inc.  Special Education Publications  433 Hegenberger Road, Suite 220  Oakland, CA 94621  http://www.pai-ca.org/pubs/401601.htm</b>  For a copy of Special Education Rights &amp; Responsibilities, a 12 chapter manual of California law and procedures governing Special Education that may be viewed online, downloaded or purchased. Available in English, Chinese, Korean, Spanish and Vietnamese.</p>
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## Transportation

**T**ransportation is a problem for many families; it can impact their ability to get their children to school, medical appointments and around the community for daily activities and recreation. **There are a number of programs providing transportation services to families with children who have special health care needs.** Most cities operate their own specialized transportation programs and there are some programs that are countywide. All programs have different geographic and eligibility requirements.

**Regional Center of the East Bay (RCEB) and California Children Services (CCS)** can assist their clients in obtaining appropriate transportation services.

**Programs and Services**

**School Transportation**

Children with special needs who are receiving special education services may be eligible for free transportation. Depending on medical need and other individual criteria, this can include transportation to:

- \* Any school the child attends (whether it is in the child’s neighborhood or not)
- \* Transportation for off-campus therapies
- \* Transportation to after-school programs

In some cases, parents who can drive their children can receive mileage reimbursement if their child would otherwise qualify for transportation services. In order for a child to receive transportation services, these services must be written into his/her Individualized Education Program (IEP).

**Contact Information**

**Call your...**

**Child’s Local School District’s Dept. of Special Education**

**Call your...**

**Special Education Local Planning Area (SELPA) Office:**

**(510) 337-2352**

**SELPA - Alameda/Albany/Berkeley/Emeryville/Piedmont**

**(510) 879-8223**

**SELPA - Oakland**

**(510) 537-3000**

**SELPA - Castro Valley/Hayward/San Leandro/San Lorenzo**

**(510) 659-2569**

**SELPA - New Haven/Newark/Fremont:**

**(925) 426-9144**

**SELPA - Dublin/Livermore/Sunol Glen/Mountain House Elementary/Pleasanton**

**Medical Care Transportation**

Some hospitals or related organizations offer transportation for medical appointments. All of the programs have different geographic and eligibility requirements and may require up to a week’s notice, so it is important for families to have this information in advance. Some medical facilities also offer taxi vouchers and/or reduced parking fees. Transportation services are also provided by certain agencies such as the American Cancer Society. Transportation is provided for medical appointments related to that agency’s mission and is usually by van or volunteers. California Children Services (CCS) may meet some transportation needs for CCS-eligible children.

**Contact Information**

**Call your...**

**Medical Facility/Hospital**

**Call your...**

**Medical/Health Agencies**

**(510) 208-5970**

**California Children Services (CCS)**

**CCS Web site**

**<http://www.dhs.ca.gov/pcfh/cms/HTML/CCS.htm>**

**Transportation Programs and Services (continued)**

**Public Transportation**

Many areas in Alameda County are served by public transportation and also provide specialized transportation services. Many people with disabilities can qualify for reduced fares on public transportation even if they don't qualify for specialized transportation services. Depending on their disability, children with special health care needs may qualify for a reduced fare pass; however, their other family members will travel at full fare. Most buses are equipped with wheelchair lifts and can also accommodate other equipment or service animals.

**Fixed Route Transportation**

The most inexpensive and flexible option is fixed route transportation. Bay Area Rapid Transit (BART), the public bus systems in Alameda County (AC Transit, Tri Valley's WHEELS Dial-a-Ride, and Union City Transit) are 100% equipped with lifts for wheelchair users and others who need assistance boarding the bus.

**ADA Paratransit**

Paratransit is transportation for seniors and persons with disabilities who are unable to use BART or any of the bus systems. ADA (Americans with Disabilities Act) paratransit is designed to complement BART and the bus systems and may not provide the service desired by all seniors and persons with disabilities. All ADA paratransit is prescheduled at least one day in advance and the fare is limited to double the applicable bus fare. Some city-based paratransit programs require users to apply for ADA paratransit. In Alameda County, ADA paratransit is provided by:

- \* East Bay Paratransit, in those portions of the county served by AC Transit and BART
- \* Livermore-Amador Valley Transit Authority (WHEELS Dial-a-Ride), in the Tri-Valley
- \* Union City Transit, in Union City.

**City-Based Paratransit**

Many Alameda County cities provide their own paratransit programs, in addition to the ADA program that operates in each jurisdiction. City-based programs are funded mostly by the local transportation sales tax known as measure B.

**Contact Information** (510) 891-4706  
 (800) 448-9790 TTY  
 (510) 465-2278  
 (510) 839-2220 TTY  
 (510) 287-5000  
 (800) 555-8085  
 (510) 287-5065 TTY  
 (925) 931-5376  
 (925) 455-7510  
 (510) 476-1500  
 (510) 471-1411

**AC Transit**  
**AC Transit**  
**BART**  
**BART**  
**Alameda County Paratransit**  
**Alameda County Paratransit, toll free**  
**Alameda County Paratransit**  
**Pleasanton Paratransit**  
**Tri-Valley WHEELS Dial-a-Ride**  
**Union City Paratransit**  
**Union City Transit**

(510) 208-5970  
 (510) 383-1200

**California Children Services, clients only**  
**Regional Center of the East Bay (RCEB), clients only**

**East Bay  
Paratransit  
Frequently  
Asked  
Questions**

<b>East Bay Paratransit Useful Information</b>	
<b>What is East Bay Paratransit?</b>	East Bay Paratransit (EBP) is transportation for people who are unable to use AC Transit buses or BART trains because of a disability or a disabling health condition. It is sponsored by AC Transit and BART to meet the requirements of the Americans with Disabilities Act (ADA). Rides from your starting location to your destination are provided in a sedan or lift-equipped van. It is not necessary for the rider to wait at a bus stop or to go to a BART station.
<b>Where is service available?</b>	Service is available in the same area where AC Transit operates—from Richmond/Pinole in the North, to Fremont in the South, and to Castro Valley in the East. Service is available to and from points in San Francisco. Riders can also arrange to transfer to paratransit services in other parts of the Bay Area.
<b>At what times is service available?</b>	Service is available during the hours when AC Transit buses or BART trains are running in each particular area. EBP’s reservations staff can tell you if service is available when and where you want it.
<b>How is service provided?</b>	A central office takes ride requests and schedules the trips. Contracted paratransit operators carry passengers in vehicles marked with the EBP logo. You will share the vehicle with other paratransit riders.
<b>How can I receive the service?</b>	All riders must be certified as eligible to use the program. People who are unable to use buses or BART due to a disability or disabling health condition are eligible to use EBP service. A few examples of such disabilities would be: memory problems which prevent a person from remembering which bus line to take; the inability to control a wheelchair well enough to board a bus or BART train; or a severe mobility problem which prevents a person from walking to the nearest bus stop.  To receive an application to apply for eligibility, or for more information, call EBP’s Certification Department at the number at the end of this information. Certification must be renewed every three years.
<b>Once I am certified, how can I make a trip?</b>	You must make a reservation to schedule your ride. EBP takes reservations up to seven days in advance. The reservation center is open for calls between 7:00 am to 7:00 p.m., seven days a week. If you wait until the day before your trip to make a reservation, you must call before 5:00 p.m. If you want to go to the same place at the same time on a regularly scheduled basis, such as daily, weekly, or several days per week, you can also arrange subscription (repeat) reservations.
<b>What information do I need for making a reservation?</b>	To make a reservation, you will be asked for this information for both the pick-up and drop-off locations: <ul style="list-style-type: none"> <li>• Street address, City, Zip Code</li> <li>• Phone numbers</li> <li>• Desired pick-up time</li> <li>• Appointment time</li> </ul>
<b>What do I do on the day of my trip?</b>	When you reserve a ride, you will be given a 20-minute “window” in which to expect your ride. The paratransit vehicle will come to your pick-up address. You must be ready to board the vehicle at the beginning of your 20 minute window. If the driver cannot locate you within 5 minutes of arriving, he or she may leave without you, in order to pick up other riders.  If your ride is late, you may call customer services at EBP to find out the estimated time of arrival.

**East Bay Paratransit Frequently Asked Questions (continued)**

<b>East Bay Paratransit Useful Information (continued)</b>	
<b>What assistance can the driver give?</b>	The driver can provide some limited assistance, such as knocking or ringing to let you know of their arrival, or offering a steadying arm to escort you to the vehicle. Drivers must stay within sight of their vehicle, so they may not escort you past the ground floor lobby of any building, or seek you out in an inside office, apartment, or waiting room. Drivers are never permitted to enter residences. The driver will assist you with small packages, for example, up to two standard-sized grocery bags. The driver cannot move a person in a wheelchair up or down steps.
<b>What if my plans change and I need to cancel my ride?</b>	You may cancel your ride without penalty up to two hours before your pick-up time. If you do not cancel your ride or cancel in less than two hours, you may be considered a "no show." If you no show three times in three months, your service may be suspended for 30 days.
<b>How much do I pay for my trip?</b>	The fare depends on the length of the trip you are taking. The reservationist and the driver will both let you know the amount of the fare: <b>Distance Fare (as of 5/05)</b> 0–8 miles: \$3.      8–12 miles: \$4.      12–20 miles: \$5.      20+ miles: \$6. Fares can be paid either in exact change or with EBP tickets. EBP ride tickets are available by mail from EBP, at the AC Transit and BART ticket offices, and at some stores. There is no fare for personal care attendants, but a companion traveling with you pays the same fare as you do. Transfer trips to other paratransit services and trips to points in San Francisco may have additional charges.
<b>What if I have a problem with my ride?</b>	Customer service staff are available on the telephone during all hours that East Bay Paratransit operates. They can help you with things like an estimated arrival time for a ride which is running late. If you want to register a commendation or a complaint, you can leave a telephone message with the details, and you will receive a written response later.
<b>What other information is available?</b>	Materials, such as the application form, the Riders' Guide and newsletters are available in alternative accessible formats. These include large print, Braille, audio tape and computer diskette.
<b>Are there other paratransit services?</b>	Yes. All the transit agencies in the Bay Area (MUNI, CCCTA, WestCAT, Union City Transit, etc.) offer paratransit services for people with disabilities in their areas. In addition, some cities, counties, or social service agencies offer separate paratransit services. Status as a senior, without specific disabilities, may qualify a person for paratransit services from some cities or agencies.

**Contact Information**  
 (510) 287-5000  
 (510) 287-5000 press 6  
 (510) 287-5040 press 4  
 (510) 287-5035 press 5  
 (510) 287-5035 press 5  
 (510) 287-5035 press 5

(800) 555-8085  
 (510) 287-5065 TTY  
 Web site

**East Bay Paratransit General Information**  
**Certification Phone**  
**Reservations**  
**Cancellations**  
**Late Ride Inquiries**  
**Comments or Complaints**

**All of the above services/inquiries, toll free**  
**Device for those who are hearing impaired**  
<http://www.actransit.org/riderinfo/paratransit.wu>

## Regional Center of the East Bay (RCEB)



**R**egional Center of the East Bay (RCEB) is part of the Regional Center system in California; an entitlement program designed to serve individuals with developmental disabilities (regardless of income) and to assist their families. Regional Centers serve all ages, from newborns to seniors. Regional Centers are “payers of last resort” so they will not pay for services that can be funded through a different source (e.g. school district or private insurance). Each center has its own local Board of Trustees.

### Services What services are provided?

Regional Centers provide (or vendor) or coordinate the following services:

- \* Information and referral
- \* Assessment and diagnosis
- \* Counseling and Psychotherapy
- \* Lifelong individualized planning and service coordination
- \* Purchase of necessary services included in the Individual Program Plan (IPP)
- \* Assistance in finding and using community and other resources (including supported living and work)
- \* Advocacy for the protection of legal, civil and service rights
- \* Early intervention services for at-risk infants and their families
- \* Genetic counseling
- \* Family support
- \* Planning, placement, and monitoring for 24-hour out-of-home care
- \* Training and educational opportunities for individuals and families (including mobility)
- \* Community education about developmental disabilities
- \* Respite (including nursing level care)
- \* Adult Day programs

### Eligibility Who is eligible?

Regional Center Eligibility Criteria	
<b>Individuals with Disabilities</b>	Individuals with disabilities are eligible for Regional Center services according to the following criteria: <b>1)</b> the individual has one of the following diagnoses: mental retardation, cerebral palsy, epilepsy, autism or a condition requiring treatments similar to that required by persons with mental retardation; <b>2)</b> the disability began before the age of 18; <b>3)</b> the disability is likely to continue; <b>and</b> <b>4)</b> is substantially disabling for the individual
<b>Parents</b>	Parents (mother/father) at risk of having a child with a developmental disability.
<b>Infants (0 up to 36 months)</b>	Infants (from birth up to 36 months) who are: <ul style="list-style-type: none"> <li>• at risk of having a developmental disability; <b>or</b></li> <li>• who have a significant developmental delay in 1 or more of the developmental areas: cognitive, physical and motor, communication, social and emotional, or adaptive [see Early Start information in this section]</li> </ul>

**Eligibility (continued)** Individuals applying for Regional Center services must go through an interdisciplinary evaluation process to determine their eligibility. Once an individual has been determined to be eligible for Regional Center services, they are considered a client of the system for life.








**Enrollment** How do you enroll?  
 Referrals can be made at any time in the individual’s life. Ideally, the earlier the individual is referred to the Regional Center, the sooner the individual can receive needed services and supports. Referrals can be made in a number of ways: through early intervention programs, referral from family, friends and professionals.

<b>Contact Information</b>	<p><b>(510) 383-1200</b>  <b>(510) 633-5022 FAX</b></p> <p><b>Web site</b></p> <p><b>(510) 383-1355</b></p>	<p><b>Regional Center of the East Bay (RCEB)</b>  <b>7677 Oakport Street, Suite 300</b>  <b>Oakland, CA 94621</b>  <b><a href="http://www.rceb.org">http://www.rceb.org</a></b></p> <p><b>Early Start – RCEB Early Intervention Program</b></p>
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# Regional Center of the East Bay (RCEB) Purchase of Services Board Policies Guide

Services



RCEB Purchase of Services Board Policies Guide				
		<p><b>What are Purchase of Service Policies?</b></p> <p>They provide direction to everyone about the kinds of services that Regional Center of the East Bay can provide to people with developmental disabilities and their families.</p>		
<p><b>Therapies</b> Includes occupational therapy, physical therapy and speech therapy to maximize essential skills and/or to maintain functioning.</p>		<p><b>Mobility Training</b></p> <p>To support consumers in community integration and independence through the use of public transportation.</p>		<p><b>Genetic Services</b></p> <p>Genetic testing and counseling to any parent determined to be at high risk of having a developmentally disabled infant.</p>
<p><b>Nursing</b></p> <p>When a medical condition exists and there is a need for periodic, intermittent relief for the primary caregiver (respite) or continuous nursing intervention.</p>			<p><b>Supported Living</b></p> <p>Services and support for persons to live in homes that they own, lease or rent. Range of services and supports may include: assistance in finding a home; social, behavioral and daily living skills training and support; hiring and training individuals to provide personal care.</p>	
<p><b>Parenting Training</b></p> <p>Skills training for parents with a developmental disability, in order to maintain and strengthen the family unit and promote the development of the child.</p>		<p><b>Residential Service for Adults or Children</b></p> <p>For those who prefer to live in a licensed community care home, who need the care and supervision provided by such a facility.</p>		
<p><b>Additional Staff</b></p> <p>When a consumer is in immediate danger of placement in a State Developmental Center, or needs to adjust to a new home or program, or when there is a facility which is not staffed to provide the appropriate level of supervision needed by the consumer's temporary illness.</p>		<p><b>How do you Access Services?</b></p> <p>When a team of persons, including the consumer and a representative from the Regional Center and others, (like family members) create the Individual Program Plan (IPP). The IPP has to state why the service is needed, for how long and how you'll know if it helps.</p>		

Services  
(continued)

RCEB Purchase of Services Board Policies Guide (continued)				
<p><b>Infant Programs</b> Home-based and center-based stimulation programs, which encourage the development and adjustment of infants and maximize the ability of families to better provide for the special needs of their infants.</p>		<p><b>Counseling and Psychotherapy</b> For consumers involved with the criminal justice system, whose health and safety are at risk due to dangerous behavior, depression or excessive fear.</p>		
<p><b>Why must RCEB develop Purchase of Service Policies?</b>  The Lanterman Act (a California law) states that regional centers must provide support services that help consumers stay in their local communities and lead lives like everyone else. Each support service has guidelines written in an understandable way.</p>		<p><b>Transportation</b> For adult consumers to attend a primary day program, when they are unable to safely use public transportation or when public transportation is not available.</p>		
<p><b>Adaptive Equipment and Supplies</b> Durable medical equipment such as wheelchairs, bath equipment and personal lifts; small adaptive equipment items; dedicated communication devices that enables the consumer to further interact with his/her environment and leads to greater independence.</p>		<p><b>Behavioral Services</b>  Assessment, training and consultation with family, caregiver or program staff, for consumers who engage in behaviors that pose a serious threat to their living arrangement or program.</p>		
<p><b>Diapers</b>  For consumers between the ages of 5 and 18 who are incontinent of bowel/bladder with potential for skin breakdown.</p>			<p><b>Respite</b> Intermittent relief to families who provide constant care and supervision to the consumer whose care needs are beyond that of persons without disabilities.</p>	
	<p><b>Specialized Medical and Dental Care</b> Must be specifically related to the consumer's developmental disability.</p>		<p><b>Independent Living Skills</b> Training in areas necessary for persons to live independently without supervision and support services.</p>	

(continued on next page)

Services  
(continued)

RCEB Purchase of Services Board Policies Guide (continued)				
<p><b>Early Intensive Behavioral Intervention</b> Tutors, assessment, ongoing consultation and monitoring for children under 3 years of age, with a diagnosis indicating autism or suspected autism.</p>		<p><b>Child Care</b> For consumers less than 13 years old, when their parents work on a full-time basis or attend vocationally-oriented educational programs where their schedule cannot accommodate the child care need and who do not have a natural support system which provides child care.</p>		<p><b>Day Program</b> For adults who have completed public school services to increase their skill levels, prepare for a maximum level of independence in their community and to prepare for work.</p>

**Other Things to know about Purchase of Service Policies...**

- Services are identified through the planning process (IPP) with your service coordinator.
- Services will be reviewed every so often to see that they are still necessary.
- Services cannot be provided if another agency is responsible unless that agency has stated in writing that they won't provide it.
- If more than one service is available and appropriate, the team must consider which one is most cost effective.

**Source** Regional Center of the East Bay, last updated: 05/09/02  
**Web site** <http://www.rceb.org>





## Section 504 of the Rehabilitation Act (in the school setting)

**S**ection 504 of the Rehabilitation Act’s purpose is to eliminate discrimination on the basis of disability in all programs and activities receiving federal financial assistance, which includes education. Section 504 guarantees students equal access to services.

**Responsible Person** Each school district is required to have at least one person who is designated as the **504 Coordinator**, who is responsible for ensuring that the student needs are identified and that appropriate accommodations are instituted.

**504 Plan vs. an IEP** If services are indicated, a **504 Plan** is developed. This process is less structured than the Individualized Education Program (IEP) process. And unlike the Individuals with Disabilities Education Act (IDEA), no funding is attached to services listed in the 504 Plan. This means funding for 504 Plan accommodations comes from the general school budget. IDEA funds may not be used to serve students who are served only with 504 Plans.

**Enforcement** If a school or agency is found to be out of compliance with Section 504, they could lose their federal funding. Unlike IDEA compliance, which is monitored by the California Dept. of Education, the U.S. Office for Civil Rights enforces Section 504.

**Services** What services are provided?

Reasonable Accommodations for Learning in the School Setting can include:	
•	Providing extra time for tests or assignments.
•	Moving the student’s desk to the front of the classroom so that the student can see the blackboard better.
•	Excusing the student early for lunch so that he/she can do a fingerstick to check blood sugar.
•	Reading test questions to a student.
•	Providing a job coach for adolescents or young adults in supported employment settings as part of their school to work learning experiences.
•	Providing a quiet room for test taking.
Accommodations are considered unreasonable if:	
•	The costs to implement are excessive.
•	It causes a shut down/termination of services.

**Eligibility** Who is eligible?  
 School-aged children, who may/or may not have a disability that meets IDEA criteria, but who have:

- \* a physical or mental impairment which substantially limits a major life activity, **or**
- \* have a record of such an impairment, **or**
- \* are regarded as having an impairment

This includes students who have a mental or psychological disorder such as mental retardation, mental illness, emotional illness, a specific learning disorder or organic brain syndrome.

Physical impairment refers to a physiologic disorder, contagious disease, cosmetic disfigurement or loss of one or more body systems.

**Eligibility (continued)** **A student is protected by Section 504 regardless of whether the student also needs special education.**

Major life activities limited by either mental or physical impairment include:

- \* Self-care activities
- \* Walking
- \* Seeing
- \* Hearing
- \* Breathing
- \* Learning
- \* Ability to work
- \* Ability to do a manual task

**Providers** Where are services provided?  
 Services can be provided in the school, workplace and community, as appropriate.

**Referral** How to make a referral for Section 504 services:  
 Any school personnel or the parent/guardian can request determination for Section 504 by contacting the 504 Coordinator or principal at the student’s home school. No student can receive a Section 504 Plan without the consent of the parent or legal guardian.

<b>Contact Information</b>	<b>Call your...</b>	<b>Child’s Home School Principal or 504 Coordinator</b>
	(415) 437-8310 (415) 437-8311 TDD (415) 437-8329 FAX	<b>For 504 Enforcement/Non-Compliance Issues:                  Office for Civil Rights                  Region IX (AZ/CA/HI/NV/Am. Samoa/Guam)                  U.S. Department of Health and Human Services                  50 United Nations Plaza – Room 322                  San Francisco, CA 94102  <a href="http://www.hhs.gov/ocr/">http://www.hhs.gov/ocr/</a></b>
	<b>Web site</b>	<b><a href="http://www.hhs.gov/ocr/">http://www.hhs.gov/ocr/</a></b>
	(800) 776-5746	<b>Protection and Advocacy</b>

# Early Start Regional Center Early Intervention Program



**E**arly Start programs provide family-centered early intervention services to eligible infants and toddlers (birth up to age three) who have or may be at risk for a developmental disability or delay. This program receives federal funding through IDEA (P.L. 105-17).

**Services** What services are provided?

Early Start services include, but are not limited to:

- \* Service coordination
- \* Therapy services (speech, physical and/or occupational therapy)
- \* Vision and hearing services
- \* Infant development programs
- \* Medical services
- \* Parent support, counseling, respite and training
- \* Nutrition/feeding services
- \* Assistive technology, including assistive devices or services
- \* Psychological and social work services
- \* Transportation and related costs necessary for a child to receive services

**Eligibility** Who is eligible for Early Start?

In California, eligible children include an infant or toddler (under the age of three) who:

- \* Has a delay in at least one area of development
- \* Has a condition with a known probability of causing a disability or delay
- \* Is at high risk of having a developmental disability

**Enrollment** How do you enroll?

“Primary referral sources” are required to make referrals to appropriate public agencies such as Regional Center of the East Bay (RCEB). [see RCEB information in this section]

“Primary referral sources” include:

- \* Hospitals
- \* Physicians
- \* Other health care providers
- \* Public health facilities
- \* Day care facilities

Evaluation and assessment must take place within 45 days of the referral.

**Providers** How are services delivered?

Early intervention services may be provided by school districts, local centers, public and private agencies that are all part of California’s Early Start Program in your community. Where and how services are delivered is determined together by the family and early intervention team. For example, services may be provided in the home, at a center or agency program with other babies, in childcare or other natural settings.

**Contact Information** (510) 383-1355  
(510) 383-1200  
(510) 633-5022 FAX

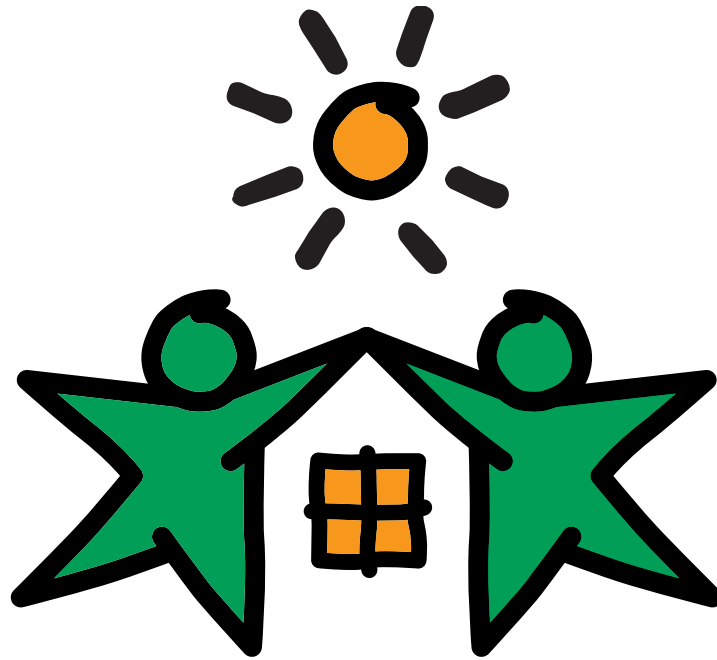
**Early Start Program**  
**Regional Center of the East Bay (RCEB)**  
**7677 Oakport Street, Suite 300**  
**Oakland, CA 94621**

**Web site** <http://www.rceb.org>





# Calendar & Telephone Directory



- \* 18 Month Calendar
- \* Telephone Directory

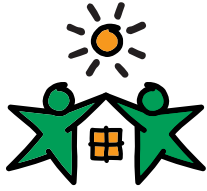


# July 2005



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# August 2005

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Monthly Weight \_\_\_\_\_

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Monthly Milage Traveled for Medical Care \_\_\_\_\_

# September 2005



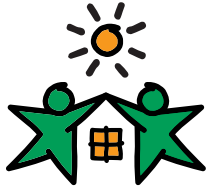
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Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



# October 2005

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# November 2005



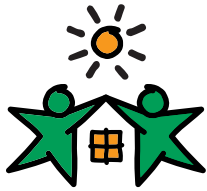
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Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



## December 2005

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Monthly Weight \_\_\_\_\_

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Monthly Milage Traveled for Medical Care \_\_\_\_\_



# January 2006



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Monthly Weight \_\_\_\_\_

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Monthly Milage Traveled for Medical Care \_\_\_\_\_



## February 2006

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<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>26</b>	<b>27</b>	<b>28</b>				
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>				

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_

# March 2006



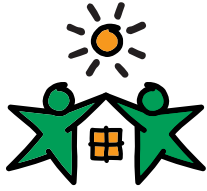
Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
			G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



# April 2006

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

						<b>1</b>
						G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>30</b>	Monthly Weight _____ Monthly Out of Pocket Medical Costs \$ _____ Monthly Milage Traveled for Medical Care _____					
G1 <input type="checkbox"/> G2 <input type="checkbox"/>						

May 2006

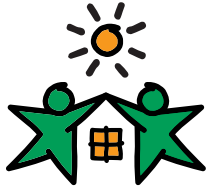


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>			
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>			

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



# June 2006

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

					<b>1</b>	<b>2</b>	<b>3</b>
					G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>		
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>		

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_

# July 2006



Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

						<b>1</b>
						G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>30</b>	<b>31</b>	Monthly Weight _____ Monthly Out of Pocket Medical Costs \$ _____ Monthly Milage Traveled for Medical Care _____				
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>					



# August 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>		
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>		

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



# September 2006



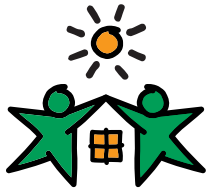
**Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday**

						<b>1</b>	<b>2</b>
						G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



# October 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>2</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>3</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>4</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>5</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>6</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>7</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>8</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>9</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>10</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>11</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>12</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>13</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>14</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>15</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>16</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>17</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>18</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>19</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>20</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>21</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>22</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>23</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>24</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>25</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>26</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>27</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>28</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>29</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>30</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>	<b>31</b>  G1 <input type="checkbox"/> G2 <input type="checkbox"/>				

Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_

# November 2006



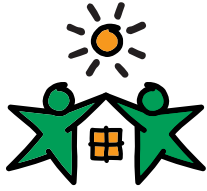
Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
			G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>	G1 <input type="checkbox"/> G2 <input type="checkbox"/>
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<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>		
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Monthly Weight \_\_\_\_\_

Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_

Monthly Milage Traveled for Medical Care \_\_\_\_\_



# December 2006

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

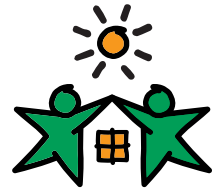
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Monthly Weight \_\_\_\_\_  
 Monthly Out of Pocket Medical Costs \$ \_\_\_\_\_  
 Monthly Milage Traveled for Medical Care \_\_\_\_\_

# Telephone Directory



Name / Address	Telephone Number / Email
	Home
	Office
	Fax
	Mobile
	Email
	Home
	Office
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	Office
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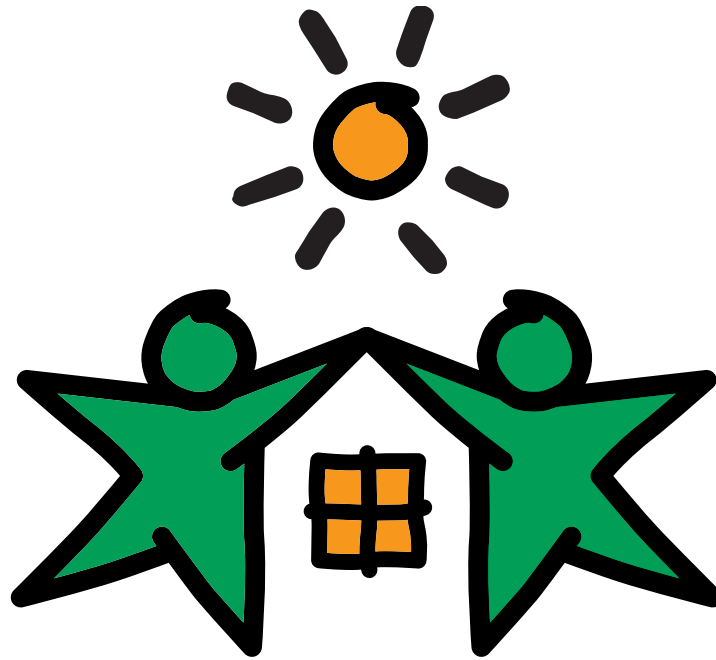
	Home
	Office
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	Mobile
	Email

Name / Address	Telephone Number / Email
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	Email



# Appendix



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- \* Emergency Information Form
  - \* Smart Card
  - \* Tips on Preparing to See the Doctor
  - \* Glossary of Common Medical Terms
  - \* Abbreviation and Measurement Chart
  - \* Metric Doses and Apothecary Equivalents
  - \* Insurance Worksheet
  - \* Medical History



## Emergency Information Form for Children with Special Needs

Developed by: <i>American College of Emergency Physicians®          and American Academy of Pediatrics</i>	Date Completed	Revised	Initials
	By Whom	Revised	Initials
<b>Physician Information</b>			
Name	Birth Date	Nickname	
Home Address	Home/Work Phone		
Parent/Guardian	Emergency Contact Names & Relationship		
Signature/Consent*			
Primary Language	Contact Phone Number(s)		
<b>Physicians</b>			
Primary Care Physician	Emergency Phone		
	Fax		
Current Specialty Physician	Emergency Phone		
Specialty	Fax		
Anticipated Primary ED	Pharmacy		
Anticipated Tertiary Care Center			
<b>Diagnoses / Past Procedures / Physical Exam</b>			
1.	Baseline Physical Findings		
2.			
3.	Baseline Vital Signs		
4.			
Synopsis	Baseline Neurological Status		

**Diagnoses / Past Procedures / Physical Exam (continued)**

Medications	Significant Baseline Ancillary Findings (lab, x-ray, ECG)
1.	
2.	
3.	
4.	Prostheses/Appliances/Advanced Technology Devices
5.	
6.	

**Management Data**

Allergies: Medications/Foods to be Avoided	Why
1.	
2.	
3.	
Procedures to be Avoided	Why
1.	
2.	
3.	

**Immunization Dates (MM/YY)**

DPT						Hep B					
OPV						Varicella					
MMR						TB Status					
HIB						Other					

Antibiotic Prophylaxis:	Indication:	Medication and Dose:
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**Common Presenting Problems/Findings with Specific Suggested Managements**

Problem	Suggested Diagnostic Studies	Treatment Considerations

**Comments on Child, Family or Specific Other Medical Issues**


Physician/Provider Signature	Print Name
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# Smart Card / Tarjeta Inteligente

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Nombre de niño Fecha de nacimiento del niño Número de seguro social*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Dirección Ciudad Estado Código postal*

Child lives with:  Biological family  Extended family  Adoptive family  Foster family  Group home  
*Niño vive con Los padres Otros familiares La familia adoptiva En hogar de crianza Hogar de niños*

**Parent/Primary Caregivers/Emergency Contact (Padres / personas que se encargan del cuidado / Personas encargadas en emergencias):**

Name <i>Nombre</i>	Address/City/Zip <i>Dirección/ ciudad/ código postal</i>	Telephone <i>Teléfono</i>	Relationship <i>Relación</i>
		Day: <i>Día</i> Evening: <i>Tarde</i>	
		Day: <i>Día</i> Evening: <i>Tarde</i>	
		Day: <i>Día</i> Evening: <i>Tarde</i>	

Medi-Cal?  No  Yes Child's Medi-Cal number: \_\_\_\_\_ CIN: \_\_\_\_\_  
*Medi-Cal? No Sí El número de Medi-Cal del niño CIN*

**Insurance information (Información sobre aseguranza de salud):**

Name of Insured <i>Persona asegurada</i>	Insurance Company <i>Nombre de la compañía de seguro</i>	Address <i>Dirección</i>	Policy/Group Number (Medical Record number) <i>Número de la póliza o del grupo</i>	Phone <i>Teléfono</i>

**We receive services from (Recibimos servicios de):**

**CCS Case Manager:** \_\_\_\_\_ Phone: \_\_\_\_\_ Therapist: \_\_\_\_\_ Site: \_\_\_\_\_  
*CCS Enfermera Teléfono Terapeuta Lugar*

**School District** School: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Distrito escolar Escuela Clase Maestro Teléfono*

**Regional Center** Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Centro Regional Trabajador social Teléfono*

**Social Services** Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ Worker number: \_\_\_\_\_  
*Servicios sociales Trabajador social Teléfono Número del trabajador social*

Primary Care Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
*Nombre del médico de cabecera Teléfono Fax*

Current Diagnoses/Conditions (Diagnosis existentes / padecimientos): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





## Tips on preparing to see the Doctor



### 1. Get Ready:

- a. Bring any information that you have on your child. (\*The Child Health Record - CHR)
- b. Bring pen/pencil and paper to take notes.
- c. Check your data and be specific about all changes in your child's health status. (\*Calendar, Gate 2 & Gate 3 in CHR)
- d. Have a list of all medications your child is currently using, including over the counter drugs. (\*Medication Sheet in CHR)
- e. Have a list of reactions your child has experienced from any medications, prescribed or over the counter. (\*Allergy Log in CHR)
- f. Write all your questions down before calling or visiting the physician (\*Gate 3 in CHR).



### 2. Tell the Doctor:

- a. How your child has been doing. (\*Calendar in CHR)
- b. Information about successes and setbacks. (\*Calendar & Gate 3 in CHR)
- c. Detailed information about changes and symptoms that are different from your child's normal status. (\*Calendar & Gate 3 in CHR)
- d. What you are concerned about. (\*Gate 3 in CHR)
- e. When the symptoms started changing. (\*Gate 3 in CHR)
- f. How often and when the symptoms occurred. (\*Gate 3 in CHR)
- g. What you tried to relieve the symptoms and your child's response. (\*Gate 3 in CHR)



### 3. Don't leave the Doctor's office without:

- a. Instructions and name(s) for new and old medication(s).
- b. Asking how long the child will be on the medication and whether there are refills.
- c. Asking about possible side effects or cross-reactions of medication(s).
- d. Asking what the child can eat with new medication(s).
- e. Asking if you need an authorization before filling the prescription for your specific insurance provider.
- f. Understanding all follow-up questions including how to report changes in symptoms.
- g. Asking physician if you need a follow-up appointment.
- h. Making the next appointment, if needed.

\*The Child Health Record (CHR) is a tool designed by the Medical Home Project for Children with Special Health Care Needs. Ask your Clinical Care Coordinator for more information.





## Glossary of Common Medical Terms



ABRASION	The skin or mucous membrane; rubbing or scraping of the surface layer of cells or tissue from an area by friction.
ABSCESS	A cavity containing pus, surrounded by inflamed tissue, a result of localized infection.
ACUTE	A condition beginning abruptly with sharp or severe intensity, then subsiding shortly after.
ADAPTATION	A change or response to stress of any kind, and the ability of the patient to cope.
ADAPTIVE	Capable of, suited to, or contributing to adaptation.
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD or ADD)	A syndrome of learning and behavioral problems that is not caused by any serious underlying physical or mental disorder and is characterized especially by difficulty in sustaining attention, by impulsive behavior (as in speaking out of turn), and usually by excessive activity.
ANAPHYLACTIC SHOCK	A severe, sometimes fatal systemic hypersensitivity reaction to a substance, a drug, vaccine, food, serum, allergen, venom or chemical.
ANEMIA	A decrease in hemoglobin in the blood levels to below normal range.
ANKLE-FOOT BRACE (AFO)	Ankle-foot orthotic commonly called short leg brace.
ANESTHESIOLOGIST	A physician specializing in anesthesiology (pain control and surgery sleep).
APNEA	Abnormal periods when breathing stops.
ARNOLD-CHIARI MALFORMATION	A herniation of the brain stem and lower cerebellum through the foramen magnum into the cervical vertebral canal, often associated with hydrocephalus and spina bifida.
ARTERIAL	Of or pertaining to an artery (leads to the heart).
ASTHMA	Recurring attacks of breathlessness, characteristically accompanied by wheezing when breathing out and varying in severity from day to day.
AUTISM	A mental disorder originating in infancy, characterized by self-absorption, inability to interact socially, repetitive behavior, extreme withdrawal, abnormal fantasy absorption, and language dysfunction (echolalia).
BENIGN	Of a tumor, mild type with no immediate threat, may require future treatment.
BLOOD GAS	A test for determining the pH and concentrations of oxygen, carbon dioxide, nitrogen, and bicarbonate in the blood.
BLOOD SUGARS	The concentration of glucose in the blood.
BOWEL SOUNDS	A rumbling sound made by the movement of gas in the intestine.
BRONCHOPULMONARY DYSPLASIA (BPD)	A chronic lung condition that is caused by tissue damage to the lungs, marked by inflammation, exudate (substance discharged from), scarring, fibrosis, emphysema, usually occurring in immature infants who have received mechanical ventilation and/or supplemental oxygen as treatment for respiratory distress syndrome.
BRADYCARDIA	An abnormal circulatory condition where the heart rate drops below 60 (beats) contractions per minute.
BROVIAC / CENTRAL LINE	A long-term central venous catheter (tiny, flexible rubber or silicone tube) threaded through the chest into a large vein leading to the heart .
CARDIOVASCULAR	The system which includes the heart and blood vessels.

CEREBRAL PALSY (CP)	A disability resulting from damage to the brain before, during, or shortly after birth and outwardly manifested by muscular incoordination and speech disturbances.
CEREBROSPINAL FLUID (CSF)	The fluid that flows through and protects the ventricles, brain, and spinal canal.
CEREBROVASCULAR ACCIDENT (CVA)	Abnormal condition of blood vessels of the brain; resulting in decreased brain tissue normally perfused by the damaged vessels.
CHRONIC	A condition developing slowly and persisting for a long period of time (often lifetime condition).
CIRCULATION	The movement of blood through the vessels of the body that is induced by the pumping action of the heart and serves to distribute nutrients and oxygen to and remove waste products from all parts of the body.
CLEFT	Divided; a fissure usually originating in embryo.
COGNITION / COGNITIVE	The mental process characterized by knowing, thinking, learning, and judging.
COLITIS	Inflammation of the colon (large intestine) causing diarrhea, usually with blood and mucus.
COLOSTOMY	Surgical formation of an artificial anus by connecting the colon to an opening in the abdominal wall.
CONGENITAL	Present at birth.
CONTRACTURES	Deformity caused by shrinkage of scar tissue, connective tissues, or shortening of the muscles and tendons.
CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)	In respiratory therapy; ventilation assisted by a constant air flow delivered throughout the respiratory cycle.
CHEST PERCUSSION THERAPY (CPT)	Systematic pounding on the chest in order to loosen chest congestion.
CUTANEOUS	Of or pertaining to the skin.
CUTDOWN	An incision into a vein to insert a catheter for intravenous infusion.
CYST / CYSTIC / CYSTO / CYSTI	A closed sac or pouch in the body containing fluid or semisolid material.
DEHYDRATION	An excessive loss of water from the body tissues.
DEPTH PERCEPTION	Ability to judge the distance of objects in spatial relationship to one's position.
DO NOT RESUSCITATE (DNR) / NO-CODE	A written order by a qualified physician instructing not to attempt to resuscitate a particular patient in the event of cardiac or respiratory failure; usually only written for patients that are gravely ill, death is imminent, or death inevitable .
DIAGNOSIS	Identification of a disease or condition by scientific evaluation.
DISCHARGE	To release a substance or object .
DISTENDED	To be swollen from a force within.
DYSLEXIA	Reading disability or difficulty in coping with written symbols.
EDEMA	Any abnormal accumulation of fluid; swelling.
-ECTO	Combining form meaning: outside of.
-ECTOMY	Combining form meaning: the surgical removal of something specified.
ELIMINATION	Bodily discharges including urine, feces, and vomit.
EMBOLISM	The obstruction of a blood vessel by a foreign object (air, gas, tissue, tumor...).

EMESIS	Medical term for vomit.
-ENDO	Combining form meaning: inward, within.
-ENTER / -ENTERO	Combining form meaning: pertaining to the intestines.
EPILEPSY	A neurological disorder characterized by recurrent seizures; uncontrolled electrical discharge from the nerve cells of the cerebral cortex (in the brain).
EXTREMITY	A limb of the body; especially; a human hand or foot.
FEBRILE	Feverish or related to fever or raise in normal body temperature.
FISSURE	A cleft or groove on the surface of an organ.
FISTULA	An abnormal passage from an internal organ to body surface or between two internal organs.
FLACCID	Weak, soft, flabby; lacking normal muscle tone.
FLAGELLA-	Combining form meaning: pertaining to a whip like process, tapping.
FLIGHT OR FIGHT REACTION	A physiological or psychological reaction of the body to stress.
FONTANELS / FONTANEL	One of the two soft areas on a baby's scalp, a membrane-covered gap between the bones of the skull.
FUSION	Bringing together into a single entity; uniting two or more bones.
GAG REFLEX	A normal neural reflex elicited by touching the soft palate or back of the tongue.
GASTROINTESTINAL	Part of digestive system that consists of the mouth, esophagus, stomach, intestine, and anus.
GASTROSTOMY TUBE (G-TUBE)	A latex or plastic tube inserted in a surgical opening in the stomach to provide nourishment.
HEMIPARESIS	Muscular weakness or partial paralysis affecting one side of the body only.
HEMOGLOBIN	The oxygen-carrying pigment found in the red blood cells, carries oxygen to lungs and other body tissues.
HEMORRHAGE	A rapid loss of a large amount of blood externally or internally.
HEREDITARY	Pertaining to a characteristic, condition, or disease transmitted from the parent.
HERNIA	Protrusion of an organ through an abnormal opening in the muscle wall.
HYDRO- / HYDR-	Combining form meaning: pertaining to water or hydrogen.
HYDROCEPHALUS	Abnormal accumulation of CSF in the ventricles with increased pressure.
HYPER-	Combining form meaning: excessive, above, or beyond.
HYPO-	Combining form meaning: under, beneath, or deficient.
HYPOGLYCEMIA	Low level of glucose in the blood.
HYPOTONIA	Excessive limpness in any body part.
ILEOSTOMY	Surgical formation of an artificial anus by connecting the ileum to an opening in the abdominal wall, through which fecal matter is emptied.
IMMUNOSUPPRESSED	When the immune system is inhibited to responding appropriately .
INCLUSION	The act of being enclosed or included.
INPUT	Amount of fluids put into the body.
INSULIN	A hormone that regulates the level of glucose in the blood.
INTUBATION	Passage of a breathing tube to ensure an airway.
INTUITION	Direct apprehension about truth without reasoning.
IRRITABILITY	Showing signs of be fretful, fussy, touchy and sensitive.

JEJUNAL TUBE (J-TUBE)	Artificial opening made through the abdomen into the jejunum (part of the small intestine) where a small latex or plastic tube is placed to provide nourishment.
JUVENILE DIABETES	An inability to metabolize carbohydrate caused by an overt insulin deficiency; occurring rapidly in children, eventually leading to a dependency on insulin.
KETOACIDOSIS	Complication of diabetes an accumulation of ketones in the body.
LABILE	Unstable; characterized by a tendency to change rapidly.
LACERATION	A torn and ragged wound.
LATENT	Dormant; exists as a potential, can become active under certain conditions.
LETHARGY	The state or quality of being indifferent, apathetic, or sluggish.
LEUKO-	Combining form meaning: of or pertaining to a white corpuscle (blood cell).
LOCAL	Of or pertaining to a small circumscribed area of the body.
MAL-	Combining form meaning: abnormal.
MALIGNANT	Tending to infiltrate, metastasize, become worse and cause death.
MEDI-	Combining form meaning: middle.
MENINGITIS	Any infection or inflammation of the membranes covering brain or spinal cord.
MENTAL RETARDATION (MR)	Subaverage intellectual ability that is equivalent to or less than an IQ of 70, occurs during the developmental period, and is manifested especially by abnormal development, cognitive impairment and problems in social adjustment.
MENTAL STATUS	The awareness of current status, pain, anxiety, depression.
METABOLIC	Of or pertaining to metabolism (all chemical processes in living organisms).
MOBILITY	The ability to move independently.
MUSCULOSKELETAL	Involving all muscles and bones in the human body.
MYELOMENINGOCELE	Spina bifida: developmental defect of the central nervous system in which a hernial sac containing a portion of the spinal cord, its meninges (membranes), and CSF through a congenital cleft in the spinal column.
NEBULIZER	A device to produce a fine aerosol spray for dispersing liquid (saline, albuterol...).
NECROSIS	Localized tissue death.
NEUROLOGY	The scientific study of the nervous system especially in respect to its structure, functions, abnormalities, and disorders.
NASOGASTRIC TUBE (NG-TUBE)	Tube passed in through the nose to the stomach to provide nourishment.
NYSTAGMUS	Involuntary, rhythmic movements of the eyes.
OBTURATOR	A device used to block a passage or canal or fill in the space.
OBSTRUCTION	A condition of being clogged or blocked.
OCCIPITAL	Of or pertaining to the occiput (the back part of the head).
OCULAR	Of or pertaining to the eye.
OPHTHALMOLOGIST	A branch of medical science dealing with the structure, functions, and diseases of the eye.
OPTIC-	Combining form meaning: of or pertaining to the eye, sight, or vision.
ORAL	Of or pertaining to the mouth.
ORTHO-	Combining form meaning: straight, normal, correct.
OSTEO-	Combining form meaning: of or pertaining to the bone.
OSTOMY	Surgical procedure where an opening is made to allow passage.

OTIC- / OT-	Combining for meaning: of or pertaining to the ear.
OUTPUT	Total amount of fluid removed or emptied from the body.
PARALYSIS / PARALYSES	Abnormal condition characterized by loss of muscle function, tone, or sensation.
PATENT	The condition of being open and unblocked.
PEAK FLOW	To perform peak expiratory flow rate (PEFR) assessments.
PERCUTANEOUS	Procedure performed through the skin to aspirate fluid from below the skin.
PERIPHERAL	Of or pertaining to the outside, surface, or surrounding area.
PERVASIVE DEVELOPMENTAL DISORDER (PDD)	Children who demonstrate severe impairment in reciprocal social interaction and verbal and nonverbal communication or who show stereotyped behaviors, interests, and activities but who do not meet criteria for autism. Called Pervasive developmental disorder.
PROGNOSIS	A prediction of the probable outcome of a disease.
PRONE	Lying face down on the stomach.
PULSE	A rhythmical beating or vibrating movement of blood corresponding to heart beat.
REACTIVE AIRWAY DISEASE (RAD)	Irritant-induced asthma.
RALES	Airflow with abnormal moisture, heard when listening to lungs during inspiration.
RENAL	Of or pertaining to the kidney.
REFLUX	Abnormal backward flow of fluids.
RESPIRATION	Single complete act of breathing including inhale and exhale.
RESUSCITATION	Process of sustaining the vital functions during respiratory or cardiac failure.
RETINOPATHY OF PREMATURITY (ROP)	An ocular disorder sometimes in premature infants occurring when the incomplete vascularized retina completes an abnormal pattern of vascularization that is characterized by the presence of an opaque fibrous membrane behind the lens of each eye.
RETRACTIONS	Visible sinking of the soft tissues of the chest area with increased breathing effort.
RHONCHI	Abnormal sounds of airway caused by thick secretions, spasm, or pressure; a rumbling sound more pronounced during expiration that can clear with a cough.
RIGIDITY	A condition of hardness, stiffness, or inflexibility.
RUPTURE	A tear or break in an organ or body tissue.
SECLUSION	The isolation of a patient to decrease harmful stimuli.
SCOLIOSIS	Lateral curvature of the spine.
SCOLIOSIS BRACE	A total contact body shell to prevent progressive spinal deformity.
SECRETIONS	Releasing some material either functionally specialized (as saliva) or isolated for excretion (as urine).
SEDATION	Induced state of quiet, calmness, or sleep by means of hypnosis or medication.
SELF INJURIOUS BEHAVIOR (SIB)	Causing harm to your own body.
SEIZURE THRESHOLD	The amount of stimulus needed to cause a convulsive seizure.
SEPTIC SHOCK	Occurs in septicemia when endotoxins are released from bacteria in bloodstream.
SIDE-LYING	Lying on the side, typically in a fetal position.
SPINA BIFIDA	A congenital cleft of the spinal column with hernial protrusion of the meninges and sometimes the spinal cord.

STRIDOR	An abnormal, high-pitched, musical respiratory sound caused by an obstruction.
SUCTIONING	To remove fluid from a body cavity or passage by suction device.
SUPINE	Lying face up, on the back.
SYNDROME	Signs, symptoms resulting from a common cause, presenting a clinical picture.
TEPID	Moderately warm to the touch.
TERMINAL	A structure or process; near or approaching the end.
TIDAL VOLUME	Volume of air that passes in and out of the lungs in an ordinary breath and averages 500 cubic centimeters in a normal adult human male.
THERMOMETER	Instrument for measuring temperature.
TOPICAL	Of or pertaining to the surface of the skin.
TOTAL PARENTERAL NUTRITION (TPN)	Nutrition administered by vein or parenteral (not through the digestive system).
TOXICITY	The degree to which something is poisonous.
TRACHEOSTOMY	An opening (incision) made through the tissue of the neck into the trachea.
TRACTION	The process of putting a limb, bone, or muscles under tension using weights to align, immobilize, or relieve pressure.
TRANSFUSION	Introduction into the blood stream of whole blood or components of blood.
TRANSPLANT	To transfer an organ or tissue from one person to another.
TRAUMA	Physical injury caused violent action or introduction of toxic substance.
TREMOR	Rhythmic, purposeless, quivering movements.
TUMOR	A swelling or enlargement occurring in inflammatory conditions.
ULCER	A crater like lesion of the skin or mucous membrane.
UNCONSCIOUS	Unaware of surroundings, incapable of responding to sensory stimuli.
UNIVERSAL DONOR	Person with blood type O, Rh factor negative.
URETHRA	Small tubular structure that drains urine from the bladder.
URINARY	Of or pertaining to urine or urine formation.
URTICARIA	An allergic disorder marked by raised edematous patches of skin or mucous membrane and usually by intense itching and caused by contact with a specific precipitating factor (as a food, drug, or inhalant) either externally or internally.
UVULA	Small, cone-shaped process suspended in the back of the mouth.
VACCINATION	Injection of dead microorganisms to induce immunity, reduce effects of disease.
VASCULAR	Of or pertaining to a blood vessel.
VENTRICLE	Small cavity filled with CSF in the brain or the right and left ventricle of the heart.
VENTRICLE PERITONEAL SHUNT (VP SHUNT)	Silicone tubing with valve device that diverts CSF from the ventricle in the brain to the peritoneal cavity in the abdomen.
VERTIGO	Sensation of movement in which the patient feels himself revolving in space.
VOLUNTARY	Pertaining to an action or thought as a result of a person's free will or choice.
VOLUME	The amount of space occupied by a body, expressed in cubic units.
WELL-BABY CARE	Periodic health supervision for infants and children in order to promote optimal physical, emotional, and intellectual growth and development.
WHEEZE	To breathe with difficulty characterized by a high-pitched musical quality.
WITHDRAWAL	Common response to physical danger or severe stress characterized by apathy, lethargy, depression, retreat into oneself

# Abbreviation and Measurement Chart



Commonly Used Terms You May Find in Medical Procedures or Directions	
Abbreviation	Definition
QD	Once a day
BID	Twice a day
TID	Three times a day
QID	Four times a day
QOD	Every other day
Cc	Cubic Centimeter
cc/hr	cc per hour
Mg	Strength
ml	Volume or amount
ED	Effective dose
Gtts	Drops
gtts/min	Drops per minute
PRN	As needed or necessary (to treat a symptom)
MEq	Milliequavillents
T.	Tablespoon
Tsp	Teaspoon
Via	Route to be given (G-tube, NG-tube)
PO	Orally
R	Rectal
IN	Intranasal
IM	Intramuscular
SC / sub Q	Subcutaneous
IV	Intravenous
T	Temperature
F	Fahrenheit
C	Centigrade
>	Greater than
<	Less than
normal temp	98.6° F o 37° C (centigrade)
1 teaspoon	5 ml
1 ml	1 cc
2.2 pounds	1 kg
1 oz	2T. or 6 tsp. or 30ml
1 tablespoon	1/2 oz or 3 teaspoons or 15 ml
1 oz	29.53 ml / 30 cc
8 oz	240 ml
Others / Encounter	

## Metric Doses and Apothecary Equivalents

Liquid Measure		Weight	
Metric (ml)	Approximate Equivalents	Metric	Approximate Equivalents
1000 ml	1 quart	30 grams (g)	1 ounce
750	1-1/2 pint	15 g	4 drams
500	1 pint	10	2-1/2
250	8 fluid ounces	7.5	2
200	7 fluid ounces	6	90 grains
100	3-1/2 fluid ounces	5	75 grains
50	1-3/4 fluid ounces	4	60 grains (1 gram)
30	1 fluid ounces	3	45 grains
15	4 fluidrams	2	30 grains (1/2 gram)
10	2-1/2 fluidrams	1.5	22 grains
8	2 fluidrams	1	15
5	1-1/4 fluidrams	0.75	12
4	1 fluidrams	0.6	10
3	45 minims	0.5	7-1/2
2	30 minims	0.4	6
1	15 minims	0.3	5
0.75	12 minims	0.25	4
0.6	10 minims	0.2	3
0.5	8 minims	0.15	2-1/2
0.3	5 minims	0.125	2
0.25	4 minims	0.1	1-1/2
0.2	3 minims	75 mg	1-1/4
0.1	1-1/2 minims	60 mg	1
0.06	1 minim	50 mg	3/4
0.05	3/4 minim	40 mg	2/3
0.03	1/2 minim		
Distance			
Metric		Customary U.S. Measurement	
25.4 Millimeter		1 Inch	
0.305 Meters		1 Foot	
0.916 Meters		1 Yard	
1 Centimeter		0.394 Inch	



# Insurance Worksheet



Child's Name \_\_\_\_\_

Service	Date of Service		
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service	Date of Service		
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

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Insurance Name			
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Balance			

Service				Date of Service
	Payor #1	Payor #2	Payor #3	
Insurance Name				
Date Bill Submitted				
Amount Paid				
Date Paid				
Balance				

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Insurance Name				
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Insurance Name				
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Amount Paid				
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Balance				

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	Payor #1	Payor #2	Payor #3	
Insurance Name				
Date Bill Submitted				
Amount Paid				
Date Paid				
Balance				

Service				Date of Service
	Payor #1	Payor #2	Payor #3	
Insurance Name				
Date Bill Submitted				
Amount Paid				
Date Paid				
Balance				

# Medical History Historia Médica

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Nombre de niño/a: Fecha de nacimiento del niño/a: Número de seguro social:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Dirección: Ciudad: Estado: Código:*

Child lives with:  Biological family  Extended family  Adoptive family  Foster family  Group home  
*Niño/a vive con: Los padres Otros familiares La familia adoptiva Cuidado de otra persona Hogar de niños*

## Parents/Primary Caregivers (Padres/Cuidaderos)

Name <i>Nombre</i>	Address/City/Zip <i>Dirección/Ciudad/Código</i>	Telephone <i>Teléfono</i>	Relationship <i>Relación</i>
		Day: <i>Día:</i> Evening: <i>Tarde:</i>	
		Day: <i>Día:</i> Evening: <i>Tarde:</i>	

## Health Coverage (Aseguranza de salud)

Medi-Cal?  No  Yes Child's Medi-Cal number: \_\_\_\_\_ CIN: \_\_\_\_\_  
*No Sí El número de Medi-Cal del niño/a*

Insurance information *Información sobre seguro médico:*

Name of Insured <i>Persona asegurada</i>	Insurance Company <i>Nombre de la compañía</i>	Address <i>Dirección</i>	Policy & Group Number (Medical Record #) <i>Número de la póliza</i>	Phone <i>Teléfono</i>

## Medical Information (Información médica)

Current Diagnoses/Conditions *Diagnósticos presentes/condiciones* \_\_\_\_\_

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Known Allergies - list any allergies and your child's reaction: *Alergias del niño/a y la reacción a éstas*

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Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
 Nombre de niño/a: \_\_\_\_\_ Fecha de nacimiento del niño/a: \_\_\_\_\_

### Vision and Hearing (*Visión y oído*)

**Vision (*Visión*):**

Last Date tested: \_\_\_\_\_ By whom/where: \_\_\_\_\_  
 Fecha de la examinación: \_\_\_\_\_ Por quién/Adónde? \_\_\_\_\_

Results: \_\_\_\_\_  
 Resultados: \_\_\_\_\_

- Glasses  Contact lens  Prothesis  Other  
*Gafas Lentes de contacto Prótesis Otros*

**Hearing (*Oído*):**

Last Date tested: \_\_\_\_\_ By whom/where: \_\_\_\_\_  
 Fecha del último examen: \_\_\_\_\_ Por quién/dónde? \_\_\_\_\_

Test type/Results: \_\_\_\_\_  
 Tipo de examen/resultados: \_\_\_\_\_

- Wears aids  Right ear  Left ear  Both  
*Usa audífonos Oído derecho Oído izquierdo Los dos oídos*

### Therapies and Related Services (*Terapias y otros servicios*)

Therapy <i>Terapia</i>	Frequency <i>Frecuencia</i>	Provider <i>Proveedor</i>	Telephone <i>Teléfono</i>	Start date <i>Fecha de comienzo</i>
Physical <i>Terapia física</i>				
Occupational <i>Terapia ocupacional</i>				
Speech <i>Terapia de lenguaje</i>				
Behavioral <i>Terapia de comportamiento</i>				
Other <i>Otra terapia</i>				

### Durable Medical Equipment/Supplies (*Equipo y materiales de uso*)

Type <i>Tipo</i>	Provider <i>Proveedor</i>	Address <i>Dirección</i>	Telephone <i>Teléfono</i>	Start date <i>Fecha de comienzo</i>



Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
 Nombre de niño/a: \_\_\_\_\_ Fecha de nacimiento del niño/a: \_\_\_\_\_

### Doctors/Specialists/Dentist (*Doctor/Especialistas/Dentista*)

Physician's Name <i>Doctor</i>	Specialty <i>Especialista</i>	Address <i>Dirección</i>	Telephone <i>Teléfono</i>

### Family Medical History (*Historia médica familiar*)

Problem ( <i>Problema</i> )	Name ( <i>Nombre</i> )	Relation ( <i>Relación</i> )
Allergies <i>Alergias</i>		
Behavioral <i>Comportamiento</i>		
Blood disorder <i>Desorden sanguíneo</i>		
Cancer <i>Cancer</i>		
Cardiovascular (heart condition) <i>Condición del corazón</i>		
Diabetes <i>Diabetes</i>		
Emotional <i>Emocional</i>		
Gastro-intestinal <i>Estómago-intestinal</i>		
Hearing Loss <i>Sordera</i>		
Learning <i>Aprendizaje</i>		
Mental Retardation <i>Mental retardo</i>		
Respiratory (lungs) <i>Respiratorio (pulmones)</i>		
Seizures <i>Ataques/Combulsiones</i>		
Speech and Language <i>Habla y lenguaje</i>		
Visual		
Other Otro:		

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Nombre de niño/a: \_\_\_\_\_ Fecha de nacimiento del niño/a: \_\_\_\_\_

## Birth and Developmental History (*Historia del nacimiento y desarrollo*)

Mother's age at start of pregnancy: \_\_\_\_\_  
Edad de la madre al comienzo del embarazo: \_\_\_\_\_

Complications/illnesses during pregnancy (*Complicaciones/enfermedades durante el embarazo*): \_\_\_\_\_

Delivery :  Vaginal  Cesarean Hospital: \_\_\_\_\_  
Parto: Vaginal Por cesarea Hospital

Complications at delivery (*Complicaciones durante el parto*): \_\_\_\_\_

Birth weight: \_\_\_\_\_ Length: \_\_\_\_\_ Head circumference: \_\_\_\_\_  
Peso al nacer Largo Circunferencia de la cabeza

Full term  Premature at \_\_\_\_\_ weeks of gestation  
Tiempo completo Prematuro a semanas de gestación

Apgar scores: 1 minute \_\_\_\_\_ 5 minutes \_\_\_\_\_

Age that baby \_\_\_\_\_ Rolled over? \_\_\_\_\_ Sat up? \_\_\_\_\_  
Edad a la que su bebe Se dio vuelta? Se sentó?

Crawled? \_\_\_\_\_ Walked? \_\_\_\_\_  
Gateó? Caminó?

Spoke first word? \_\_\_\_\_ Spoke first sentence? \_\_\_\_\_  
Dijo la primera palabra? Dijo la primera oración?

Toilet trained? \_\_\_\_\_  
Se enseñó ir al baño?

Age you first suspected your child had a problem? \_\_\_\_\_  
Edad del niño/a en la que Ud. sospechó que el niño/a tenía problemas



Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
*Nombre de niño/a: \_\_\_\_\_ Fecha de nacimiento del niño/a:*

### Immunizations (*Vacunas*) – or attach card

Immunization Vacuna	Date <i>Mes/Día/Año</i>	Date <i>Mes/Día/Año</i>	Date <i>Mes/Día/Año</i>	Date <i>Mes/Día/Año</i>	Date <i>Mes/Día/Año</i>	Reaction if any <i>Reacción</i>
Hepatitis B						
DTaP (Diphtheria, Tetanus and Pertussis)						
HIB (Haemophilus Influenza)						
IPV (Polio)						
MMR (Measles, Mumps and Rubella)						
Varicella (Chickenpox)						
Pneumococcal Conjugate						
Hepatitis A						
Influenza (Flu)						
Pneumococcal Polysaccharide						

Last TB Test: \_\_\_\_\_ Results: \_\_\_\_\_  
*Prueba de tuberculosis: \_\_\_\_\_ Resultados:*

