



Care Book

A product developed by the Epilepsy Foundation of Metropolitan New York with funding from the Federal Maternal and Child Health Bureau, Health Resources and Services Administration under grant # H98MC08580 through its initiative, Project Access: Improving Care for Children & Youth with Epilepsy.

English Spanish





The Epilepsy Foundation of Metropolitan New York

Since 1967 thousands of people with epilepsy and their families have received information or have benefited from the comprehensive social and educational services offered by the Epilepsy Foundation of Metropolitan New York (formerly known as The Epilepsy Institute). Staffed with professionals from the medical, social work, vocational counseling and psychological professions, the **Epilepsy Foundation of Metropolitan New York offices are**

located in: Gramercy Park, Harlem, Brooklyn, and Bronx. - provide a wide variety of services to persons with epilepsy, their families and the community. The Epilepsy Foundation of Metropolitan New York, a non-profit agency, is certified by New York State and maintains contractual agreements with New York City, New York State, and Westchester County.

La Fundación para la Epilepsia del área Metropolitana de Nueva York

Desde 1967 miles de personas con epilepsia y sus familias han recibido información o se han beneficiado de los servicios sociales y educativos ofrecidos por la fundación para la epilepsia del área metropolitana de Nueva York (conocida antes como El Instituto para la Epilepsia). Proveído con los profesionales del campo trabajo médico, social, del asesoramiento vocacional y de las profesiones psicológicas, **la Fundación para la Epilepsia del área metropolitana Nueva York tiene oficinas en Gramercy Park, Harlem,**

Brooklyn, y el Bronx - proporcione una variedad amplia de servicios a las personas con epilepsia, a sus familias y a la comunidad. La Fundación para la Epilepsia del área metropolitana de Nueva York, es una agencia sin usos lucrativos, es certificada por el estado de Nueva York y mantiene acuerdos contractuales con New York City, el estado de Nueva York, y el condado de Westchester.

Project Access: Improving Care for Children and Youth with Epilepsy

The Epilepsy Foundation of Metropolitan New York in collaboration with the National Epilepsy Foundation has the honor of being one of the recipients of Project Access. For more information please visit www.efmny.org.

La Fundación para la Epilepsia del área Metropolitana de Nueva York en colaboración con la Fundación para la Epilepsia de América tiene el honor de ser uno de los recipientes del Proyecto Acceso. Para más información por favor visite www.efmny.org.





Epilepsy Foundation of Metropolitan New York Funding Partners

The Anita Kaufman Foundation

Epilepsy Coalition of New York State

Epilepsy Foundation of America

Health Resources and Services Administration

New York City Council

New York City Department of Health and Mental Hygiene

New York State Office of Mental Retardation and Developmental Disabilities

New York State Vocational Services for Individuals with Disabilities

United Way

Westchester County Department of Health

and private corporations and individuals

Care Book

1-2-3 Access

Please go over the documents inside the Care Book with your child's physician and/or specialist.
This Care Book is easy to use and perfect for meetings with your medical team or school staff.

Reasons to use the Care Book

1. **Write important information** about your child's medical needs.
2. **Organize** your medical documents and contact information.
3. File your medical records in an **easy-to-find** folder.
4. Please be sure to provide copies of completed forms to your child's medical and care providers, if at all possible.
5. Please be sure to carry this Care Book to all your medical appointments to have immediate access to your child's medical information. Do not remove any forms from this binder, unless you are adding updated forms.

Easy to Use Forms

Seizure Action Plan—This is important information that will be helpful for people who routinely spend time with your child such as the school nurse. Please ask your child's neurologist to help you complete this form.

Health Care Plan—Please ask your child's pediatrician or care coordinator to help you complete this form.

Medication List—Please keep a list of the medications your child is currently taking. We encourage you to discuss medication side effects with your doctors or nurse.

First Aid for Seizures Card—Please be sure to speak with your child's care providers, neighbors, and relatives in how to assist your child during a seizure.

School Seizure Log Form—Please share with the school nurse the School Seizure Log so she/he can inform you on a written form every time your child has a seizure. When you see your child's pediatrician, neurologist, or nurse, let them know what happens to your child during seizure if new symptoms or signs are noticed.

Notes—Use this form to document anything about your child's epilepsy activities between appointments with specialist and pediatrician. Also, write down questions or concerns for your medical providers that you can refer to during the visit. Please bring notes with you to all medical visits.

Medical Appointment Log—Please use this form to document and keep track of your child's medical appointments and share it with your home health aid, and other care providers that your child may have.

Community Resources Guide—Use this guide to find community resources that can help you and your child locate medical services, social services, etc.

Specialist & Pediatrician Communication Log—This form is for your specialist and pediatrician to communicate between your child's appointments. On this form, each provider will write questions, concerns, or new information about your child's medical treatment and care. Please be sure to show your providers this form at every visit.

Libro de Cuidados

1-2-3 Acceso

Por favor, revise los documentos dentro del Libro de Cuidados con el médico y/o especialista de su hijo. Este Libro es fácil de usar y perfecto para las reuniones con su equipo médico o el personal de la escuela.

Razones para usar el Libro de Cuidados

1. **Escribir información importante** acerca de las necesidades médicas de su hijo.
2. **Organice** sus documentos médicos y la información de contacto.
3. Archivo de sus registros médicos en una forma **fácil de encontrar**.
4. Por favor, asegúrese de proporcionar copias de los formularios completados de su hijo a los proveedores de cuidado y atención médica, si es posible.
5. Por favor, asegúrese de llevar este Libro a todas sus citas médicas para tener acceso inmediato a información médica de su hijo. No quite formas de este libro, a menos que esté añadiendo formas actualizadas.

Formas Fácil de Utilizar

Plan De Acción—Esta es una información importante que será utilizada para las personas que habitualmente pasan tiempo con su hijo, Como la enfermera de la escuela. Por favor, pregúntele a su neurólogo o pediatra del niño que le ayude a completar estas formas.

Plan De Cuidado—Por favor, pregúntele a su pediatra o coordinador de cuidado que le ayude a completar estas formas.

Lista De Medicamentos—Por favor, mantenga una lista de los medicamentos que su hijo está tomando actualmente. Le recomendamos a que hable de los efectos secundarios de los medicamentos con su médico o enfermera.

Tarjeta De Primeros Auxilios—Por favor, asegúrese de hablar con los proveedores de cuidado de su hijo, vecinos y familiares en la forma de ayudar a su niño durante una convulsión.

Forma Para Ataques En La Escuela—Por favor, comparta con la enfermera de la escuela El School Seizure Log para que él o ella le puedan informar en forma escrita cada vez que su niño tenga una convulsión. Cuando vea a su pediatra, neurólogo, o enfermera, díganles sobre lo que le sucede a su hijo durante la convulsión, si se notan nuevos síntomas o signos.

Notas—Utilice estas formas para documentar cualquier cosa sobre la epilepsia de su hijo entre las citas con el especialista o el pediatra. Además, escribir preguntas o inquietudes para sus proveedores médicos que usted pueda consultar durante la visita. Por favor, traiga con usted estas observaciones a todas las visitas médicas.

Registro De La Cita—Por favor, use estas formas para documentar y seguir las citas médicas de su hijo y compartirlo con su ayuda para la casa y otros proveedores de cuidado que su hijo pueda tener.

Guía Para Recursos En La Comunidad—Utilice este guía para encontrar recursos de la comunidad que puedan ayudar a localizar servicios médicos, especialistas, servicios sociales, etc. para usted y su hijo.

Especialista & Pediatra Forma de Comunicación—Esta forma es para el especialista y el pediatra para la comunicación entre las citas de su hijo. En esta forma, cada proveedor a escribir preguntas, preocupaciones, o nueva información sobre el tratamiento médico de su hijo y la atención. Por favor, asegúrese de mostrar a sus proveedores de esta forma en cada visita.

Cultural Competence & Access to Health Care

A Simple Guide for Families and Health Providers

What is Cultural Competency?

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991).

The role of cultural competency in health care services: Implies having the capacity of having effective communication, understand individual's cultural background in order to make realistic and appropriate health care decisions on the patient's best interest. It promotes the goal of achieving high quality of care and unites the collaboration of other health care providers for efficient diagnose, treatment, education, and follow up.

Cultural Competence & Pediatric Medical Home:

1. Culturally Accessible
2. Linguistic Comprehensive (verbally, written, visual, body language)
3. Culturally Competent Resources Coordinated
4. Culturally Educational
5. Family-centered
6. Continuous Holistic Approach
7. Compassionate

It is very important to understand that the below Q/A are based on interviews conducted with different health providers and parents. We may not have all the answers or be able to address all potential obstacles in providing or receiving cultural competent services, however, this guide should be the beginning of such work.

Parents/ or Guardians

Q. What should I do if my doctor completes the epilepsy tools in English and I do not understand them?

A. Seek for some one who is much familiarized with epilepsy and medical terms. This may not be an easy task but it is very important that medical documents are translated accurately. Also contact your local Epilepsy Foundation Affiliate for further guidance.

Q. If I am a new immigrant and have my child's medical information written in a foreign language other than English, should I bring it to my child's new medical provider since he/she speaks my language?

A. Not necessarily, you should to be sure that even if your medical provider speaks your language that he/she is able to read and write it as well.

Q. What should I do if my child's doctor does not speak my language but he/she is the only provider in my area or town?

A. As important as it is to have a doctor that speaks your own language, sometimes this may not be possible due to different barriers such as your type of health insurance and accessibility to providers that speak your language. We suggest parents to bring an adult that speak fluently both languages (English & your native language) to each of the appointments. However, parents have the right to have an interpreter at every medical visit, so ask your provider.

Q. What should I do if my doctor suggests long-term care for my child with special needs, when is not part of my cultural believe?

A. Many doctors will provide parents with information on long-term placement for their child with special needs for different reasons. Doctors want parents to think of their child's future and plan for when they won't be there to care directly their child.

Q. Since my epilepsy tools are bilingual (Spanish/English) should I just complete the Spanish section?

A. Do your best at getting someone who is familiar with epilepsy and medical terms to complete the English section as well, it is important that the English section is completed because your doctor may not be able to read your language.

Health Providers

Q. What are my options, if a parent brings in a form or letter written in their native language?

A. In some occasions you will have parents or guardians bring or fill out a form in their native language because there may not be someone within the family of closed circle of relatives/ or friends that speak or fluent in English. It is very important that as a provider try to find within your practice resources to help you translate the information, for instance a nurse or social worker that speaks that language in order to know what is the parent/ or guardian are trying to communication to you.

Q. What do I do if I only speak my patient's native language but cannot write or read in that language?

A. Patient's education is a very critical part of your practice. Patient's education is not only about the patient's health issues, but also educating patients about the resources that your practice can offer. You can share with your patients that even you speak their language, you do not read or write in their language, however, mention what resources they can access within your practice that will assist them address any issues with written translations, if accessible.

Q. How do I provide written information to parents/or guardians that may illiterate?

A. There are so many tools, forms, and written resources that you can share with parents / or guardians that they can use to learn more about their child's medical condition. However, at times we are faced with some unique challenges such as illiteracy. One suggestion is to provide one-on-one education in their language, if you practice has the capacity. Another option is to find or develop written resources with a lot of visuals such as pictures that represent the same written information. For example, the First Aid for Seizures Card, where there is minimum writing but all action is represented well through pictures (contact your local Epilepsy Foundation).

Q. There is a general believe of immigrants coming from the same country and speak the same language, have the same or similar cultural believes and costumes, example, immigrants from Latin America. How true is this?

A. This is a misleading generalization. For example, immigrants coming from Latin America have different believes, traditions, costumes, dialects, social economic status, and cultures. In fact, cultures may differentiate even within the same country by regions.

Providers Log

Seizure Action Plan

Health Care Plan

Medication List

School Seizure Log

Appointments Log

**Health Care
Transition Plan**

Notes



COMMUNICATION LOG PEDIATRICIAN & EPILEPSY SPECIALIST

COVER SHEET

Instructions:

- ♦ New Pediatrician: Please provide NEW information below.
- ♦ New Specialist: Please provide NEW information below.
- ♦ New Medication: Please fill in new information of Medication List form

CONTACT INFORMATION:

Name of Youth: _____ D.O.B.: _____

Name of Parent/Guardian: _____

Home Address: _____ Tel: _____

Current School: _____ Tel: _____

PEDIATRIC CARE PROVIDERS:

Pediatrician's Name: _____ Tel: _____

Pediatrician's Address: _____

Pediatrician's Name: _____ Tel: _____

Pediatrician's Address: _____

EPILEPSY SPECIALISTS:

Specialist's Name: _____ Tel: _____

Specialist's Address: _____

Specialist's Name: _____ Tel: _____

Specialist's Address: _____



COMMUNICATION LOG PEDIATRICIAN & EPILEPSY SPECIALIST

PEDIATRICIAN

Patient's Name: _____ D.O.B.: _____

Reminder, please review most recent communication log sheet.

New Rx: Yes No

New Pediatrician: Yes No

New Labs and/or Tests: Yes No

Pediatrician's Comments: _____

Signature: _____ Date: _____

A product developed by the Epilepsy Foundation of Metropolitan New York with funding from the Federal Maternal and Child Health Bureau, Health Resources and Services Administration under grant # H98MC08580 through its initiative, Project Access: Improving Care for Children & Youth with Epilepsy.



COMMUNICATION LOG PEDIATRICIAN & EPILEPSY SPECIALIST

EPILEPSY SPECIALIST

Patient's Name: _____ D.O.B.: _____

Reminder, please review most recent communication log sheet.

New Epilepsy Rx: Yes No

New Specialist: Yes No

New MRI, EEG & Labs: Yes No

Epilepsy Specialist's Comments: _____

Signature: _____ Date: _____



INDIVIDUALIZED SEIZURE ACTION PLAN

PLAN DE ACCIÓN DURANTE UN ATAQUE

Effective Date/*Fecha Efectiva*: _____

Section to be completed by parent

Child's Name/*Nombre del niño*: _____ Date of Birth/*Fecha de Nacimiento*: _____

Parent/Guardian/*Padres/Guardián*: _____

Phone/*Teléfono*: _____ Cell: _____

Treating Physician/Medical Home/*Doctor General/Hogar Medico*: _____

Phone/*Teléfono*: _____

Other Diagnosis/*Otros Diagnósticos*: _____

Section to be completed by specialist

TYPES OF SEIZURES - DESCRIPTION / TIPOS DE ATTAQUES - INFORMACIÓN

_____ **Tonic/Clonic Seizures:** Loss of consciousness followed by stiffening of the entire body for a few seconds (tonic phase) then followed by a period of jerking (clonic phase). A seizure may last from one-to-five minutes. The student may have an aura or warning before the seizure is about to begin. Drowsiness may occur after the seizure.

_____ **Absence Seizures:** (formerly called petit-mal) — staring, twitching, student may appear to be daydreaming.

_____ **Myoclonic Seizures:** Limbs jerk suddenly; often happens just after awaking. No loss of consciousness.

_____ **Atonic Seizures:** (formerly called drop seizures) — sudden loss of muscle tone; student may actually drop to the ground.

Partial Seizures

_____ **Simple Partial Seizure:** Unusual feeling of sensations such as unexplained feeling of joy, anger, sadness, nausea; may be accompanied by hearing, seeing, smelling, tasting, feelings things that are not real; student may remain awake and alert; seizure activity lasts just a few seconds. May be drowsy afterward.

_____ **Complex Partial Seizure:** May begin with an aura, can cause a change in or loss of consciousness; may have repetitious behavior like lip smacking, blinks, twitches, mouth movements, repeating words, walking in a circle, throwing objects; may last 1 or 2 minutes.

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)
PROTOCOLO DE TRATAMIENTO DURANTE HORAS ESCOLARES (medicamentos diarios y para emergencias)

Daily Medication (Oral or Rectal) <i>Medicamentos diarios (Oral o Rectal)</i>	Dosage & Time of Day Given <i>Dosis & Hora Tomados</i>	Common Side Effects & Special Instructions <i>Efectos Secundarios & y Instrucciones Especiales</i>

Emergency/Rescue Medication/*Medicamentos Para Emergencias*:

*For Diastat/rectally administered medications, please respect the child's dignity and take all possible measures to insure privacy.
 *Para Diastat/medicamentos administrados por vía rectal, por favor respetar la dignidad del niño y hacer todo lo posible para mantener privacidad.

Call 911 or an ambulance if any of the below occurs/*Llamar al 911 o ambulancia si ocurre algo en esta lista:*

- A convulsive seizure lasts longer than 5 minutes/*La convulsión (tónico-clónico) dura mas que 5 minutos*
- Individual has seizure AND has diabetes/*Persona tiene un ataque y tiene diabetes*
- Individual has breathing difficulties/*La persona tiene problemas respirando*
- If female and is pregnant/*Si es mujer y esta embarazada*
- Individual has seizure in water/*La persona tiene su ataque en agua*

Does this child have a Vagus Nerve Stimulator? YES NO
 ¿El niño tiene un Estimulador del Nervio Vago/Vagus Nerve Stimulator (VNS)? SI NO

If YES, describe magnet use/*Si tiene, describe el uso del imán:* _____

Los síntomas más comunes son:

- + Gemido repentino
- + Caída al suelo
- + Rigidez
- + Respiración poco profunda
- + Espasmos musculares
- + Perdida del conocimiento

Estos son los primeros auxilios que puedes ofrecer a la persona que está teniendo un ataque convulsivo:

- + Amortigua la cabeza
- + Afloja ropa apretada en el cuello
- + Voltea a la persona de costado
- + No introduzcas nada en la boca
- + Busca identificación
- + No sostengas a la persona boca abajo
- + Cuando el ataque termine, calmadamente ofrece ayuda

Por favor ten en cuenta las acciones peligrosas que algunas personas ejecutan debido a que no tienen el suficiente conocimiento. Ten presente que **NO** debes hacer, bajo ninguna circunstancia, lo siguiente:

- + **NO** coloques nada en la boca de la persona
- + **NO** trates de sujetar a la persona
- + **NO** trates de administrar medicamentos anticonvulsivos orales
- + **NO** mantengas a la persona de espaldas durante toda la convulsión



1. Cushion head, remove glasses.



2. Loosen tight clothing.



3. Turn on side and keep airway clear.



4. Note the time a seizure starts and the length of time it lasts.



5. Don't put anything in mouth.



6. Don't hold down.

7. As seizure ends...offer help.

AFTER A SEIZURE:

1. Clean any secretions from mouth with soft cloth or tissue.
2. Provide privacy and allow student to rest on side for 30 minutes.
3. Monitor student's breathing; check for injuries or loss of bowel & bladder control. **If having difficulty breathing call 911.**
4. Determine and document if student can move arms & legs or if there is a change in the student's ability to move.
5. Notify parents.
6. Remain with student until he/she has regained normal mental senses.
7. Describe and record seizure activity, time seizure activity started & stopped, name, time and dose of anti-seizure medication given.

Parent/Guardian Signature/*Firma del Padre/Guardián:* _____ Date/*Fecha:* _____

Signature of Health Care Provider/*Firma de la Proveedor de Servicios De Salud:* _____ Date/*Fecha:* _____



EPILEPSY CARE PLAN

PLAN DE CUIDADOS PARA LA EPILEPSIA

Please complete all questions. This information is essential in determining your child's special needs and providing a positive and supportive environment. If you have any questions about how to complete this form, please contact your local Epilepsy Foundation affiliate. www.efa.org

Por favor conteste todas las preguntas. Esta información es esencial en la determinación de las necesidades especiales de su hijo/a, y para promover un medioambiente positivo para el o ella. Si usted tiene algunas preguntas o dudas acerca de este formulario, por favor póngase en contacto con su Fundación de Epilepsia local. www.efa.org

CONTACT INFORMATION/INFORMACIÓN DEL CONTACTO

Student's Name/Nombre del niño: _____ County of Residence/Condado donde vive: _____

Date of Birth/Fecha de Nacimiento: _____ Parent/Guardian Name/Nombre del Padre/Guardián: _____

Tel. (Home/Casa): _____ (Work/Trabajo): _____ (C): _____

Emergency Contact/Contacto de Emergencia: _____

Tel. (Home/Casa): _____ (Work/Trabajo): _____ (C): _____

Neurologist/Neurologo: _____ Tel. (W/T): _____ (Fax): _____

In addition to epilepsy/seizure disorder, what (if any) medical conditions does your child have/¿En adición a epilepsia/condición de ataques, cuales (si hay) otras condiciones medicas tiene su hijo?:

Name of Condition/Nombre del Condición	Description of Condition/Descripción de la Condición

Allergies/Alergias: _____

SEIZURE INFORMATION/INFORMACIÓN ACERCA DE LOS ATAQUES

For seizure protocol, see Seizure Action Plan/Para el protocolo para los ataques, refiere al Plan de Acción para Los Ataques

1. At what age was your child diagnosed with epilepsy/seizure disorders? _____
 ¿Cuándo fue su hijo diagnosticado con ataques o epilepsia? _____

2. What might trigger a seizure in your child? _____
 ¿Qué puede provocar un ataque en su hijo? _____

3. Are there any warnings and/or behavior changes before the seizure occurs? YES NO
 ¿Hay señales y/o cambios en comportamiento antes que ocurre los ataques? SI NO
 If YES, please explain/Si HAY, por favor explique: _____

4. When was your child's last seizure? _____
 ¿Cuándo fue el último ataque que sufrió su hijo? _____

5. Have there been any recent changes in your child's seizure patterns? YES NO
 ¿Recientemente ha habido algún cambio en los ataques de su hijo? SI NO
 If YES, please explain/Si HA HABIDO, por favor explique: _____

6. How does your child react after a seizure is over? _____
 ¿Cómo reacciona su hijo después del ataque? _____

7. How do other illnesses affect your child's seizure control? _____
 ¿Los ataques son afectados por otras condiciones médicas? _____

8. Has child ever been hospitalized for continuous seizures? YES NO
 ¿Alguna vez fue su hijo hospitalizado por ataques continuos? SI NO
 If YES, please explain/Si fue hospitalizado, por favor explique: _____

SPECIAL EQUIPMENT, SAFETY INFORMATION AND LIMITATIONS/ EQUIPAMIENTO ESPECIAL, INFORMACIÓN DE SEGURIDAD Y LIMITACIONES

9. Please check all that apply/ Por favor marcar todos los que aplican:

- | | | |
|--|---|---|
| <input type="checkbox"/> Gastrostomy/ <i>Gastronomía</i> | <input type="checkbox"/> Communication Device/ <i>Aparato de Comunicación</i> | <input type="checkbox"/> Suction/ <i>Succión</i> |
| <input type="checkbox"/> Tracheostomy/ <i>Tracostromía</i> | <input type="checkbox"/> Adaptive Seating/ <i>Asiento Especial</i> | <input type="checkbox"/> Wheelchair/ <i>Silla de ruedas</i> |
| <input type="checkbox"/> Crutches/ <i>Muletas</i> | <input type="checkbox"/> Walker/ <i>Andadera</i> | <input type="checkbox"/> Helmet/ <i>Casco</i> |
| <input type="checkbox"/> Nebulizer/ <i>Nebulizador</i> | <input type="checkbox"/> Other/ <i>Otro</i> _____ | |

SPECIAL CONSIDERATIONS & PRECAUTIONS/ CONSIDERACIONES ESPECIALES Y PRECAUCIONES

10. Describe any limitations that your child has in regards to/ *Describe cualquier limitación que su hijo tiene con respecto a:*

- a. Dietary restrictions/ *Restricciones dietéticas* _____
- b. Physical Activity/ *Las actividades físicas* _____
- c. Use of stairs/elevators/ *El uso de escaleras/ elevadores* _____
- d. Other/ *Otro*: _____

11. Check all that apply and describe any considerations or precautions that should be taken/ *Marcar todo que aplica y describir los consideraciones o precauciones que se debe toma:*

- | | | |
|---|---|---|
| <input type="checkbox"/> General health/ <i>Salud general</i> | <input type="checkbox"/> Urinary/ <i>Urinaria</i> | <input type="checkbox"/> Communication/ <i>Comunicación</i> |
| <input type="checkbox"/> Hearing/Vision/ <i>Audición/ Visión</i> | <input type="checkbox"/> Cardiac/ <i>Cardiaco</i> | <input type="checkbox"/> Learning/ <i>Aprendizaje</i> |
| <input type="checkbox"/> Respiratory/ <i>Respiratorio</i> | <input type="checkbox"/> Behavior/ <i>Comportamiento</i> | <input type="checkbox"/> Stamina/Fatigue/ <i>Energía/ Fatigarse</i> |
| <input type="checkbox"/> Musculo-skeletal/ <i>Musculo-esquelético</i> | <input type="checkbox"/> Mood/coping/ <i>Estado emocional</i> | <input type="checkbox"/> Recess/ <i>Recreo</i> |
| <input type="checkbox"/> Feed/Swallowing/ <i>Alimentar/ Tragar</i> | <input type="checkbox"/> Sensory/ <i>Sensorio</i> | <input type="checkbox"/> Field trips/ <i>Viajes escolares</i> |
| <input type="checkbox"/> Other/ <i>Otro</i> : _____ | | |

SPECIAL SERVICES/ SERVICIOS ESPECIALES (Circle one/ Seleccione uno)

12. Nursing Agency/ *Agencia de Enfermería*: _____ Phone/ *Tele.*: _____

13. Home Health Agency/ *Agencia de Salud en el Hogar*: _____ Phone/ *Tele.*: _____

14. Does your child receive **physical therapy (PT)**? YES NO Frequency: _____
¿Su hijo recibe terapia física? SI NO *Frecuencia:* _____
 Name/Contact Information/ *Nombre/ Información de Contacto:* _____

15. Does your child receive **speech therapy**? YES NO Frequency: _____
¿Su hijo recibe terapia de hablar? SI NO *Frecuencia:* _____
 Name/Contact Information/ *Nombre/ Información de Contacto:* _____

16. Does your child receive **occupational therapy (OT)**? YES NO Frequency: _____
¿Su hijo recibe terapia ocupacional? SI NO *Frecuencia:* _____
 Name/Contact Information/ *Nombre/ Información de Contacto:* _____

17. Does your child receive **any other therapies**? YES NO Frequency: _____
¿Su hijo recibe otras terapias? SI NO *Frecuencia:* _____
 Explanation of Therapy/ *Explicación de la terapia:* _____
 Name/Contact Information/ *Nombre/ Información de Contacto:* _____
 Explanation of Therapy/ *Explicación de la terapia:* _____
 Name/Contact Information/ *Nombre/ Información de Contacto:* _____

18. Does your child have Early Intervention Services, Special Education Services, an Individualized Education Plan or a 504 plan? YES NO
¿Su hijo tiene Servicios de Intervención Infantil, Servicios Educativos Especiales, un Plan Individualizado de Educación (IEP) o un Plan 504? SI NO
 If yes, which plan and effective date/ *Nombre del plan y Fecha:* _____

19. Does your child have a case manager or Medicaid service coordinator through OMRDD (Office of Mental Retardation and Developmental Disabilities)? YES NO
¿Su hijo tiene un Coordinador de Servicios de Medicaid por OMRDD (Oficina para Retardación Mental y Discapacidades del Desarrollo)? SI NO
 Name/Contact Information/ *Nombre/ Información de Contacto:* _____

TRANSPORTATION/TRANSPORTACIÓN (Circle one/Selecione uno)

20. Does your child have special transportation arrangements while traveling to/from school? YES NO

¿Su hijo tiene transporte especial cuando viajando a/de la escuela? SI NO

a. Name/Phone number of transportation company/Nombre/Numero de teléfono de la compañía de transporte:

b. Name/Contact Information of para-professional/Nombre/Información de Contacto del para-profesional:

GENERAL COMMUNICATION ISSUES/COMUNICACIÓN GENERAL

21. What is the best way for us to communicate with your child? _____

¿Cómo debemos comunicarnos con usted acerca de los ataques de su hijo/a? _____

22. What is the best way for us to communicate with you about your child's seizure(s)? _____

¿Cómo debemos comunicarnos con su hijo? _____

23. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

¿Podemos compartir este información con lo(s) maestro(s) de aula y otras personas de la escuela? SI NO

24. I give my permission to share the information in this care plan with all of my child's providers except/ Yo doy permiso para compartir el información en este plan con todos los proveedores de mi hijo con el excepción de:

Parent/Guardian Signature/Firma de los Padres/Guardián

Date/Fecha

Date Reviewed/Fecha Revisado (Epilepsy Care Plan should be reviewed every six months)/(Se debe revisar El Plan de Cuidados para Epilepsia cada seis meses.)

Signature of Health Care Provider/Firma de la Proveedor de Servicios de Salud

Date/Fecha



MEDICATION LIST LISTA DE MEDICAMENTOS

Patient's Name/*Nombre*: _____

Specialist/*Especialista*: _____ (Tel.): _____ (Fax): _____

Pharmacy/*Farmacia*: _____ (Tel.): _____ (Fax): _____

Health Insurance Plan/*Seguro de Salud*: _____ Plan #: _____ Medicaid #: _____

List all prescription and over-the-counter (non-prescription) medications such as vitamins, Aspirin, Tylenol, and herbals (ex: Ginseng, Ginkgo Biloba, and St. John's Wort). **If provider is completing this form, please DO NOT use medical abbreviations.**

Name <i>Nombre</i>	Start Date <i>Fecha de Comienzo</i>	Dosage (mg/ml) <i>Dosis</i>	Frequency <i>Frecuencia</i>	Route (Oral or Rectal) <i>Oral o Rectal</i>	End Date <i>Fecha de Cambio</i>	Description of any side effects <i>Explique efectos secundarios</i>
Epilepsy Medication/<i>Medicamentos para la Epilepsia</i>						
Emergency Medication/<i>Medicamentos para Emergencia</i>						
Other Medication/<i>Otros</i>						
Over-the-Counter/<i>Vitaminas o Herbales</i>						

A product developed by the Epilepsy Foundation of Metropolitan New York with funding from the Federal Maternal and Child Health Bureau, Health Resources and Services Administration under grant # H98MC08580 through its initiative, Project Access: Improving Care for Children & Youth with Epilepsy.



SCHOOL SEIZURE LOG FORM

This log should be completed by child's school nurse and returned to parents/caregivers after a seizure

Please Duplicate as Needed

Purpose: A Seizure Log is used to track any pre-seizure activity, the number and duration of seizures and any post-seizure activity.

How to use: After being completed, a copy should be sent home for the parents'/caregiver's records.

Note: Use only one form per seizure.

Student's name: _____ **Date of report:** _____

Event

Seizure start time: _____ Seizure end time: _____

DIASSTAT® AcuDial™ Administration Time (if prescribed by physician): _____

VNS (vagus nerve stimulator) magnet (if prescribed by physician): _____

Other treatments (If prescribed by physician): _____ 911 called (if needed): YES/NO

Comments: _____

Were there any injuries? Yes No (If yes, describe):

After the Seizure

Check any side effects you may have observed and add relevant details:

- | | | | |
|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Slurred Speech | <input type="checkbox"/> Irritability | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Unsteady Walk | <input type="checkbox"/> Inattention | <input type="checkbox"/> Poor Memory |

Comments:

School nurse name: _____ **Signature:** _____ **Phone:** _____



TRANSITION PLANNING

PEDIATRIC CARE TO ADULT CARE

(17 YEARS-OLD & UP)

CONTACT INFORMATION:

Name of Youth: _____ D.O.B.: _____

Name of Parent/Guardian: _____

Home Address: _____ Tel: _____

Current School: _____ Tel: _____

PEDIATRIC CARE PROVIDERS:

Pediatrician's Name: _____ Tel: _____

Pediatrician's Address: _____

Social Worker's Name: _____ Tel: _____

Specialist's Name: _____ Tel: _____

Specialist's Address: _____

Specialist's Name: _____ Tel: _____

Specialist's Address: _____

Specialist's Name: _____ Tel: _____

Specialist's Address: _____

ADULT CARE PROVIDERS (IF IDENTIFIED):

Physician's Name: _____ Tel: _____

Physician's Address: _____

Specialist's Name: _____ Tel: _____

Specialist's Address: _____

For patients 18 years-old & over

I, _____ give permission to my doctor(s) to share information and speak with my parent(s) and/or guardian(s) about my health care transition plan information and progress.

Signature: _____ Date: _____

Name of Youth: _____ Date of Birth: _____ Date filled: _____

Introduction:

This Health Care Transition Plan is to help youth who are 17 years old and older to be independent adults. The list below will help youth to understand what skills he/she will need to develop to be able to handle their health needs. Certain youth, who have special needs, may need their parent to fill out for him/her.

Instructions:

For youth who are 17 years old or more: Fill out the form below to the best of your ability. If an item does not apply, put "N/A". Your parents and pediatrician will review the list with you and decide how to develop confidence in areas you are needing assistance.

Moving From Pediatric Care to Adult Care (To Be Completed By Youth) (If Youth Unable To Fill: Check here if parent is filling for patient: <input type="checkbox"/>)			
Health & Wellness 101 The Basics Transition - Moving form Pediatric Care to Adult Care	Yes I do this	Parent assists with this	N/A
1. I understand my medical condition, health care needs, and can explain my needs to the doctor.			
2. I can explain to others how my cultural and/or religious beliefs might affect health care decisions and medical treatments.			
3. I know my health and wellness baseline (for example: diet, exercise, sleep needed).			
4. I can track my own appointments and prescription refills.			
5. I can call for my own doctor appointments.			
6. Before a doctor's appointment, I can prepare questions to ask.			
7. I can call the pharmacy for my own prescriptions.			
8. I carry my important health information with me everyday (i.e.: care plan, seizure action plan, medical diagnosis, list of medications, allergy information, doctor's numbers, drug store number, etc.).			
9. I can use transportation by myself (train, bus, car or other).			
10. I can manage to pay any fees required for my medical visits.			
11. I co-sign the "permission for medical treatment" form (with or without signature stamp, or can direct others to do so).			
12. I know my symptoms that need immediate medical attention.			
13. I know where to seek urgent medical care.			
14. I can monitor my medical equipment so it's in good working condition (daily and routine maintenance).			
15. I have discussed with my parents what my healthcare insurance coverage will be after I turn 18 years old.			
16. I understand what immunization or medical tests I may need.			
17. I know my medication name, purpose, side effects, restrictions, and how to get the medications.			

Reviewed by Pediatrician: _____ Date of review: _____

Reviewed by Parent: _____ Date of review: _____



PLANNING YOUR HEALTH CARE TRANSITION

(To be completed by youth)

Youth/Young Adult's Name: _____ D.O.B.: _____

Parents/Guardians: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____ Tel: _____

Main Concerns: _____

Steps to Address Concerns: _____

Expected Results & By When: _____

Signature: _____ Date: _____

Additional Comments by Pediatrician: _____

HISPANIC COMMUNITY RESOURCE DIRECTORY

100 Hispanic Women

Website: <http://www.100hispanicwomen.org/>

Address: 75 Maiden Lane, Suite 606, New York, NY 10038

Tel: 212-239-1430

Fax: 212-239-1431

Language(s) spoken: English & Spanish

Areas served: New York City

Type of Services:

- + Women's business development
- + Educational scholarship for Latino college students

ACCION USA

Website: <http://www.accionusa.org/>

Address: 115 East 23rd St., 7th Floor, New York, NY 10010

Tel: 212-387-0377

Fax: 212-387-0277

Language(s) spoken: English & Spanish

Areas served: New York City

Type of Services:

- + Credit Building
- + Financial Education
- + Community Partnership

Alianza Dominicana, Inc.

Website: <http://www.alianzaonline.org/main/index.php>

Address: 2410 Amsterdam Ave., New York, NY 10033

Tel: 212-740-1960

Fax: 212-740-7065

Language(s) spoken: English & Spanish

Areas served:

Type of Services:

- + Alcohol & substance abuse prevention
- + Domestic violence
- + Community Center
- + Day care
- + H.O.P.E Program (offers HIV testing, pregnancy testing, Hep C testing, Case Management, etc)
- + Dominican folk dance training

Casita Maria, Inc.

928 Simpson St., Bronx, New York 10459

Tel: 718-589-2230

Fax: 718-842-4622

Language(s) spoken: English & Spanish

Areas served: Five boroughs of NYC

Type of Services:

- + Medicaid application assistant
- + Housing referral
- + Shelter referral
- + Employment referral
- + Medical referrals

Children Center of NY

Address: 60-02 Queens Blvd. Woodside, NY 11377

Tel: 718-651-7770 X 200

Language(s) spoken: 30 Languages

Areas served: Borough of Queens

Type of Services:

- + Family intervention
- + Youth development
- + Counseling
- + Home visit

Coalition for Hispanic Family Services

Website: <http://www.hispanicfamilyservicesny.org/>

Address: 315 Wyckoff Ave., Brooklyn, NY 11237

Tel: 718-497-6090

Fax: 718-497-9495

Language(s) spoken: English & Spanish

Areas served: North Brooklyn and adjacent communities

Type of Services:

- + HIV/AIDS services
- + Foster care service
- + Home finding service
- + Education and training for youth, birth parents, & resource parents
- + Children mental health services

Epilepsy Foundation of Metropolitan New York

Website: www.efmny.org

Tel: 212-677-8550

Fax: 212-677-5825

Language(s) spoken: English, Spanish, & Chinese

Areas served: Five boroughs of New York City

Type of Services:

- + Counseling
- + Vocation Counseling
- + Employment Services
- + Epilepsy Education
- + Service Coordination
- + Advocacy Services
- + Referrals to Medical Non-Medical Services
- + Referrals to Medicaid Services
- + Crisis Intervention Services

Go Direct

Website: <http://www.godirect.org/>

Tel: 800-333-1795

Language(s) available: English & Spanish

Type of Services:

- + Direct deposit of Social Security, SSI or VA Compensation & Pension payment services

HISPANIC COMMUNITY RESOURCE DIRECTORY

Hispanic Federation, Inc

Website: <http://www.hispanicfederation.org/>

Hotline: (866) HF-AYUDA

Address: 55 Exchange Place, 5th Floor, New York, NY 10005

Tel: 212-233-8955

Fax: 212-233-8996

Language(s) spoken: English & Spanish

Areas served: Downtown Manhattan

Type of Services:

- Referral services

Institute for the Puerto Rican/Hispanic Elderly, Inc.

Address: 105 East 22nd St., Suite 615, New York, NY 10010

Tel: 212-677-4181

Fax: 212 777-5106

Language(s) spoken: English, Spanish, and Chinese

Areas served: Manhattan, Bronx, Brooklyn, and Queens

Type of Services:

- Multilingual/multicultural information
- Referral & advocacy, counseling, case management, & other assistance services to seniors & their families.

Promesa Systems, Inc.

Address: 1776 Clay Ave., Bronx, NY 10457

Toll Free Tel: 888-513-7464

Tel: 718-299-1100

Fax: 718-294-6237

Language(s) spoken: English & Spanish

Areas served: New York City

Promesa Foundation, Inc.

Address: 1776 Clay Ave., Bronx, NY 10457

Toll Free Tel: 888-513-7464

Tel: 718-299-1100, ext. 3067

Fax: 718-294-6237

Type of Services:

- Asset Management
- Fund Raising Events
- Major Contributors

Promesa, Inc.

Address: 1776 Clay Ave., Bronx, NY 10457

Toll Free Tel: 888-513-7464

Tel: 718-299-1100

Fax: 718-716-7822

Type of Services:

- Children Services
- Vocational and Educational Services
- Primary and Specialty Health Services
- Substance Abuse Services Programs
- Women Services

Promesa Housing Development Fund Corporation, Inc.

Address: 1707 Topping Ave., Bronx, NY 10457

Tel: 718-583-1300

Fax: 718-901-2058

Type of Services:

- Community Development
- Housing Development and Management

CASA Promesa

Address: 308 East 175th St., Bronx, NY 10457

Toll Free Tel: 800-564-9046

Tel: 718-960-7600

Fax: 718-901-1118

Type of Services:

- Long Term Care Services

Promesa Enterprises LTD

Address: 1776 Clay Ave., Bronx, NY 10457

Toll Free Tel: 888-513-7464

Tel: 718-299-1100, ext. 3037

Fax: 718-299-0463

Type of Services:

- Economic Development

Latino Organization for Liver Awareness (LOLA)

Website: <http://www.lola-national.org/>

Language(s) spoken: English & Spanish

Areas served: New York City

Type of Services:

- Education on liver diseases
- Referral services to medical professionals and/or treatment centers
- Support groups for liver disease, pre/post transplant patients & their families
- Bilingual quarterly newsletters

League of United Latin American Citizens

Website: <http://www.lulac.org/>

Address: 2000 L St., NW; Suite 610, Washington, DC 20036

Tel: 202-835-9646

Fax: 202-835-9685

Language(s) spoken: English & Spanish

Areas served: (Please inquire about services available in your area.)

Type of Services:

- Discrimination & Power Abuse
- Immigration Reform
- Economic Empowerment
- Housing

HISPANIC COMMUNITY RESOURCE DIRECTORY

Loisaida, Inc.

Website: <http://loisaidainc.org/htm/>

Address: 12 Ave. D, New York, NY 10009

Tel: 212-353-0272

Fax: 212-473-5462

Language(s) spoken: English & Spanish

Areas served: Lower East Side of Manhattan

Type of Services:

- After school & youth development program
- Peer education to other adolescents to prevent pregnancy, & JIV infection
- Individual & group counseling, participants develop parenting, communication & problem solving skill
- Tutorial program which helps prepare high school students to take the PSAT & SAT
- Solutions & supports around problems faced by minority-owned small businesses, & developing entrepreneurs

MANA, A National Latina Organization

Website: <http://www.hermana.org/>

Address: 1146 19 St. NW, Ste. 700, Washington DC, 20036

Tel: 202-833-0060

Fax: 202-496-0588

Language(s) spoken: English & Spanish

Areas served: (Please inquire about services available in your area.)

Type of Services:

- Workshops & National Training Conference to strengthen Latina community leaders
- Services on encouraging adolescent girls to pursue high academic goals

National Alliance for Hispanic Health

Website: <http://www.hispanichealth.org/>

Address: 1501 Sixteenth St., NW, Washington, DC 20036

Tel: 202-387-5000

Language(s) spoken: English & Spanish

Areas served: (Please inquire about services available in your area.)

Type of Services:

- Health care resources

NYS Commission on Quality of Care and Advocacy for Persons with Disabilities

Website: <http://cqc.state.ny.us/>

Toll Free Tel: 1-800-624-4148 (English & Spanish)

Areas served: New York State

Type of Services:

- Training, technical assistance, advise & recommendation on disability issues to government officials, individuals with disabilities, their families & advocates, service providers, & public

Puerto Rican Youth Development and Resource Center, Inc.

Website: <http://www.pryd.org/>

Address: 997 North Clinton Ave., Rochester, NY 14621

Tel: 585-325-3570

Fax: 585-325-3767

Language(s) spoken: English & Spanish

Areas served: Rochester Area

Type of Services:

- Education
- Health
- Leadership development
- Cultural enrichment

Self Advocacy Association of New York State

Website: <http://www.sanys.org/>

Address: 75 Morton St., 1st Floor, New York, NY 10014

Tel: 212-627-2104

Fax: 212-229-3097

Areas served: New York City Region

Western Region- Rochester

Address: 620 Westfall Rd., Suite 214, Rochester, NY 14620

Tel: 585-461-8776

Fax: 585-461-8733

Language(s) spoken: English & Spanish

Areas served: New York State

Type of Services:

- Set up local Self-Advocacy chapters
- Training and support for Self-Determination
- Education on disability issues

Spanish Speaking Elderly Council-RAICES

Website: <http://www.raices.us/AboutRaices.html>

Language(s) spoken: English & Spanish

HISPANIC COMMUNITY RESOURCE DIRECTORY

Raices Astoria Senior Center

Address: 21-21 30th Dr., Long Island City, NY 11102

Tel: 718-726-9642

Fax: 718-626-4194

Raices Corona Senior Center

Address: 102-47 43rd Ave., Corona, NY 11368

Tel: 718-458-7259

Fax: 718-651-3539

Raices Gowanus Senior Center

Address: 420 Baltic St., Brooklyn, NY 11201

Tel: 718-797-2472

Raices Times Plaza Senior Center

Address: 460 Atlantic Ave., Brooklyn, NY 11217

Tel: 718-694-0895

Fax: 718-694-2981

Red Hook Senior Center

Address: 6 Wolcott St., Brooklyn, NY 11231

Tel: 718-625-4844

Fax: 718-522-7327

Wyckoff Gardens Senior Center

Address: 280 Wyckoff St., Brooklyn, NY 11217

Tel: 718-237-1802

Fax: 718-643-3480

Type of Services:

- Senior Center
- Adult Day care
- Grandparent kin care
- Elder abuse education & prevention
- Medical savings

CHINESE COMMUNITY RESOURCE DIRECTORY

Asian American Suicide Prevention & Education

Website: <http://www.aaspe.net/>

National Suicide Prevention Hotline: 1-800-273-8255

(offers more than 150 languages)

Asian LifeNet Hotline: 1-877-990-8585 (Cantonese, Mandarin, Japanese, Korean, & Fujianese are available)

Areas served:

Type of Services:

- + Referral Services
- + Education on suicide facts

Please refer to the web for related agencies

Asian Outreach Clinic

Address: 87-08 Justice Ave., Elmhurst, NY 11373

Tel: 718-899-9810

Fax: 718-899-9699

Language(s) spoken: Bengali, Konkani, Korean, Marathi, Nepali, Portuguese, Taiwanese, Tagalog, & Urdu

Areas served: Borough of Queens

Type of Services:

- + Counseling for substance abuse, alcohol abuse, and other mental health related issues

Children Center of NY

Address: 60-02 Queens Blvd., Woodside, NY 11377

Tel: 718-651-7770 X 200

Tel: 718-899-9810 X 200. 214 (Chinese)

Language(s) spoken: 30 Languages

Areas served: Borough of Queens

Type of Services:

- + Family intervention
- + Youth development
- + Counseling
- + Home visit

Chinese-American Planning Council, Inc. (CCP)

Website: www.cpc-ny.org/

Address: 150 Elizabeth St., New York, NY 10012

Tel: 212-941-0920

Fax: 212-966-8581

Language(s) spoken: English, Korean, Chinese, & Vietnamese

Areas served: New York City

Type of Services:

- + Community
- + Daycare
- + Workforce
- + Senior citizen
- + Youth services

Chinatown YMCA

Address: 273 Bowery St., New York, NY 10002

Tel: 212-912-2460

Areas served: Lower Manhattan

Language(s) spoken: English, Chinese, & Spanish

Type of Services:

- + Aquatics
- + Arts
- + Camping
- + Child care
- + Health & Fitness
- + Sports

Epilepsy Foundation of Metropolitan New York

Website: www.efmny.org

Tel: 212-677-8550

Fax: 212-677-5825

Language(s) spoken: English, Spanish, & Chinese

Areas served: Five boroughs of New York City

Type of Services:

- + Counseling
- + Vocation Counseling
- + Employment Services
- + Epilepsy Education
- + Service Coordination
- + Advocacy Services
- + Referrals to Medical Non-Medical Services
- + Referrals to Medicaid Services
- + Crisis Intervention Services

Hamilton-Madison House — Asian American Recovery Services

Address: 253 South St., New York, NY 10002

Tel: 212-720-4520 (Chinese & English)

Tel: 212-720-4535 (Korean)

Tel: 212-720-4531 (Japanese)

Language(s) spoken: English, Chinese, Japanese, & Korean

Areas served: Five boroughs of New York City

Type of Services:

- + Alcoholism, substance and gambling abuse assessment
- + Ambulatory detoxification and aversion therapy
- + Counseling services
- + Medical services
- + Psychiatric services
- + Referral services
- + Community education

CHINESE COMMUNITY RESOURCE DIRECTORY

Hamilton-Madison House, Inc.

Address: 50 Madison St., New York, NY 10038

Tel: 212-349-3724

Language(s) spoken: English, Chinese, Japanese & Korean

Areas served: Five boroughs of New York City

Type of Services:

- Childcare
- Youth Development
- Senior Services
- Behavioral Health
- Immigrant & Community Service

Manhattan Community Services

Address: 165 Eldridge St., New York, NY 10002

Tel: 212-941-0030

Fax: 212-226-5351

Language(s) spoken: English & Chinese

Areas served: Five Boroughs of NYC

Type of Services:

- Child care resource & referral services
- Parent and children counseling services
- Case management
- HIV/AIDS services
- Multi-Social services
- Family support services

University Settlement

Address: 184 Eldridge St., New York, NY 10002

Tel: 212-674-9120

Fax: 212-475-3278

Language(s) spoken: English, Spanish, & Chinese

Areas served: Lower East Side, & all boroughs

Type of Services:

- Child care
- Pre-school & After School Program
- Housing assistance
- Crisis Intervention
- Mental health services
- College and career preparation
- Senior services
- Art events
- English class

Day Care Resources

Manhattan- Infant

Chung Pak Day Care

Address: 125 Walker St., 3rd Floor, New York, NY 10013

Tel: (212) 343-9630

Fax: (212) 941-7629

Language(s) spoken: English & Chinese

Garment Industry Day Care (belong to CCP)

Address: 115 Chrystie St., New York, NY 10002

Tel: 212-219-2286

Fax: 212-219-2287

Language(s) spoken: English & Chinese

Jacob Riis Child Care Center

Address: 108 Ave. D, New York, NY 10009

Tel: (212) 533-9138

Fax: (212) 533-2450

Language(s) spoken: English, Chinese, & Spanish

Little Star Of Broom Street Day Care

Address: 131-151 Broome St., New York, NY 10002

Tel: (212) 673-2680

Fax: (212) 777-7971

Language(s) spoken: English, Chinese, & Spanish

Manhattan- School Age

First Avenue SADCC - PS 19

Address: 185 First Ave., New York, NY 10003

Tel: (212) 533-2670

Language(s) spoken: English, Chinese & Spanish

Chung Pak/Chrystie Street SADCC

Address: 115 Chrystie St., 1st Floor, New York, NY 10002

Tel: (212) 431-9124

Fax: (212) 274-0944

Language(s) spoken: English, Chinese & Spanish

Baxter Street SADCC - P.S. 130

Address: 143 Baxter St., New York, NY 10013

Tel: (212) 431-8574

Fax: (212) 226-9695

Language(s) spoken: English & Chinese

Pike Street SADCC- P.S.2

Address: 122 Henry St., New York, NY 10002

Tel: (212) 227-9668

Fax: (212) 227-9668

Language(s) spoken: English, Chinese & Spanish

School-age Child Care Center at Confucius Plaza

(Located in SACCC - PS 124)

Address: 40 Division St., New York, NY 10002

Tel: 212-925-4325

Fax: 212-274-0897

Language(s) spoken: English & Chinese

Queens

CPC Queens School Age Day Care Center - P.S. 20

Address: 142-30 Barclay Ave., RM 109B, Flushing, NY 11355

Tel: (718) 358-8916

Fax: (718) 762-6672

Language(s) spoken: English, Mandarin, Cantonese, & Spanish

CHINESE AND HISPANIC COMMUNITY HEALTH CARE DIRECTORY

Charles B. Wang Community Health Center

Manhattan:

Address: 268 Canal St., 6th Floor, New York, NY 10013

Tel: 212-379-6988

Fax: 212-379-6936

Queens:

Address: 136-26 37th Ave., 2nd Floor, Flushing, NY 11354

Tel: 718-886-1212

Fax: 718-886-2568

Language(s) spoken: English & Chinese

Type of Services:

- + Dental Care
- + Internal Medicine
- + Mental Health
- + Pediatric Care
- + Women's Health
- + Other health related services (Health education, Social services, W.I.C., Teen resource center, Insurance application, etc.)

Columbia University Medical Center -Division of Pediatric Epilepsy

Address: 180 Fort Washington Ave., 5th Floor, New York, NY 10032

Language(s) spoken: English & Spanish

Children's Hospital of New York

Tel: 212-305-7549

Fax: 212-305-8829

Harkness Pavilion

Tel: 212-342-6867

Fax: 212-342-6865

Type of Services:

- + Epilepsy medical care

Lower East Side Service Center—Mental Health Clinic

Address: 46 East Broadway, New York, NY 10002

Tel: 212-566-5372

Fax: 212-732-5224

Language(s) spoken: English, Chinese, & Spanish

Type of Services:

- + Chemical Dependency Treatment Services
 - + Outpatient services
 - + Residential services
- + Health and Human Services
 - + Primary healthcare
 - + Vocational services
 - + HIV/AIDS supportive housing
 - + Mental health services

Smith Community Care Health Center

Address: 60 Madison St., New York, NY 10038

Tel: 212-346-0500

Language(s) spoken: English, Chinese, & Spanish

Type of Services:

- + Pediatric
- + Internal Medicine

St. Vincent's Manhattan Outpatient Center

(Chinatown Health Services)

Address: 25 Elizabeth St., 4th Floor, New York, NY 10013

Tel: 212-431-5501

Language(s) spoken: English & Chinese

Type of Service:

- + Internal medicine
- + Gynecology
- + Pediatric

The Institute for Family Health

Website: <http://www.institute2000.org/>

Address: 16 East 16 St., New York, NY 10003

Tel: 212-633-0800

Fax: 212-691-4610

Language(s) Spoken: English, Spanish, & Chinese

Type of Services:

- + Free Clinics for the Uninsured
- + HIV Care
- + Health Professions Training
- + General health care services (such as internal medicine and gynecology)

At Roosevelt Hospital

Address: 1000 Tenth Ave., New York, NY 10019

Tel: 212-523-6230

Type of Services:

- + Developmental Disabilities Center
- + Pediatric ICU
- + Neurosurgery
- + Video EEG monitoring
- + MRI
- + Outpatient EEG
- + NICU

CHINESE AND HISPANIC COMMUNITY HEALTH CARE DIRECTORY

Beth Israel Medical Center Sites

Beth Israel Medical Center (Petrie Division)

Address: 16th St. & 1st Ave., New York, NY 10003

Tel: 212-420-2616

Type of Services:

- 6-Bed Pediatric Epilepsy Unit
- 6-Bed Pediatric ICU
- Inpatient Pediatric
- NICU

Elmhurst Hospital Center

Website: <http://www.nyc.gov/html/hhc/qhn/html/ehc.html>

Address: 79-01 Broadway, Elmhurst, NY 11373

Tel: 718-334-4000 general information

Harlem Hospital Center

Address: 506 Lenox Ave., New York, NY 10037

Tel: 212-939-1000 general information

Kings County Hospital Center

Website: <http://www.nyc.gov/html/hhc/html/facilities/kings.shtml>

Address: 451 Clarkson Ave., Brooklyn, NY 11203

Tel: 718-245-3627 for appointments

Tel: 718-245-3131 general information

Long Island Jewish Hospital

Website: <http://www.neurologychannel.com/limedcent/>

Address: 270-05-76 Ave., New Hyde Park, NY 11040

Tel: 718-470-7310

Maimonides Infants & Children's Hospital of Brooklyn

Website: <http://www.maimonidesmed.org/>

Address: Brooklyn, NY 11219

Tel: 718-283-6000

Montefiore Hospital - The Epilepsy Management Unit

Website: <http://montekids.org/programs/epilepsy/>

Address: 111 East 210th St., Bronx, NY 10467

Tel: 718-920-4378

Fax: 212-691-4610

New York Hospital - Weill Cornell Epilepsy Center

Website: <http://www.cornellphysicians.com/epilepsy/>

Address: 520 E. 70th St., Rm K619, New York, NY 10021

Tel: 212-746-2359

New York University - Comprehensive Epilepsy Center

Website: <http://epilepsy.med.nyu.edu>

Address: 403 East 34th St., New York, NY 10016

Tel: 212-263-8870

The New York Presbyterian Hospital - Columbia Comprehensive Epilepsy Center

The Neurological Institute

Website: <http://www.columbiaepilepsy.org>

Address: 710 West 168th St., New York, NY 10032

Tel: 212-305-1742

Woodhull Medical Center

Address: 760 Broadway, Brooklyn, NY 11206