



A public entity funded from Proposition 10 tobacco tax funds

# Portable Medical Record

for

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Child's Name

A “portable medical record” to help parents and caregivers manage and organize their child’s health care needs and history.

This record provides a place to record important information about your child to be shared with medical, school, and other professionals.

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Dear Parent or Care Provider,

This **Portable Medical Record (P.M.R.)** is given to you through a partnership between First 5 Riverside, the Inland Empire Health Plan, and California Children's Services. Parents and professionals designed this P.M.R. to help you arrange and keep important documents for your child.

You are urged to take your P.M.R. with you to all meetings and appointments involving your child. This will help others involved with your child to better understand his or her needs, which services are being provided, and what types of referrals may need to be made. This P.M.R. will help you in following your child's illnesses and medicines between visits to the doctor, entering vaccinations, providing information to new doctors, and help to arrange your child's general health history to answer questions from doctors. Also included is a Public Resources page, and a listing of agencies that may help you and your family.

We hope you will find this P.M.R. useful, because, as Helen Keller said, "Alone we can do so little, together we can do so much."

Best wishes to you and your family!

**First 5 Riverside**

## Tips on Preparing to See the Doctor

### 1. Get Ready:

- a. Bring any information you have on your child including this notebook and copies of any insurance or service authorizations.
- b. Bring pen/pencil and paper to take notes.
- c. Check your data and be clear about all changes in your child's health status.
- d. Have a list of all medicines your child is currently using, including over the counter medicines. ( Use the Medication Log in this notebook)
- e. Have a list of reactions your child has felt from any medications, prescribed or over the counter. (Use the Allergy Record Log in this notebook)
- f. Write all your questions down before calling or seeing the doctor.

### 2. Tell the Doctor:

- a. How your child has been doing.
- b. Information about successes and setbacks.
- c. Full information about changes and symptoms different from your child's normal status.
- d. What you are concerned about.
- e. When the symptoms started changing
- f. How often and when symptoms occurred.
- g. What you tried to lessen the symptoms and your child's response.

### 3. Don't leave the doctors office without:

- a. Instructions and name(s) for you child's medicine(s).
- b. Asking how long the child will be on the medicine and whether there are refills.
- c. Asking about possible side effects or reactions.
- d. Asking what the child can eat with new medicine(s).
- e. Asking if you need an approval before filling the prescription from your insurance provider.
- f. Understanding all follow-up questions including how to report changes in symptoms.
- g. Asking the doctor if you need a follow-up visit.
- h. Making the next appointment, if needed.
- i. Informing receptionist if you think you will need more time or special accommodations.

### For Physician's Use

Please contact the agencies below to get additional information on your patient's medical history.

#### Riverside County California Children's Services (CCS)

10769 Hole Avenue, Suite 220	Riverside	CA	92505
Phone Numbers	Office: (951) 358-5000	Fax: (951) 358-5198	

#### Inland Empire Health Plan

303 E. Vanderbilt Way	San Bernardino	CA	92408
Phone Numbers	Office: 1-800-440-4347	Fax: 909-890-2003	

#### Riverside County Child Health and Disability Prevention Program

3900 Sherman Drive, Suite G	Riverside	CA	92503
Phone Numbers	Office: 951-358-5481	Fax: 951-358-5002	

#### Riverside County VaxTrack Immunization Registry

10370 Hemet Street, Suite 100	Riverside	CA	92503
Phone Numbers	Office: 951-354-1400	Fax: 951-354-1475	

#### San Bernardino VaxTrack Immunization Registry

799 E. Rialto Avenue	San Bernardino	CA	92415-0011
Phone Numbers	Office: 909-387-6600	Fax: 909-386-8325	

#### Other Resources

Address	City	State	Zip Code
Phone Numbers	Office:	Fax:	

Address	City	State	Zip Code
Phone Numbers	Office:	Fax:	

Address	City	State	Zip Code
Phone Numbers	Office:	Fax:	

Parent/Caregiver Information				
<b>Mother's Name</b>				
Address		City		State Zip
Phone Numbers	Home	Work	Cell	Pager
Employer				
Address		City		State Zip
<b>Father's Name</b>				
Address		City		State Zip
Phone Numbers	Home	Work	Cell	Pager
Employer				
Address		City		State Zip
<b>Caregiver's Name</b>			Relationship	
Address		City		State Zip
Phone Numbers	Home	Work	Cell	Pager
Employer				
Address		City		State Zip
<b>Childcare Provider</b>			Program/Agency	
Address		City		State Zip
Phone Numbers	Office/Home	Fax	Cell	Pager
Emergency Contacts				
<b>Contact's Name</b>			Relationship	
Address		City		State Zip
Phone Numbers	Home	Work	Cell	Pager

Child's Information			
Child's Name	First	Middle	Last
Address			
City			State Zip
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Religion
Hair Color		Eye Color	Blood Type
Date of Birth	Birth Place	Birth Weight & Height	Any complications during birth?
Birth marks or distinguishing characteristics			

Child's Diagnoses	
Ask your medical provider for help in filling out this section	
1.	Date Findings      Explanation of physical/neurological
2.	
3.	
4.	
Summary	

## Child's Medical History

Does the Child have previous history of:	YES	NO	Does the Child have previous history of:	YES	NO
Allergies-Environment See page 8			Headaches		
Allergies-Food(s) See page 8			Head Injuries, Concussion, Unconsciousness		
Allergies-Medications See page 8			Hearing Problems		
Allergies-Insect Bites/Strings See page 8			Heart Disease		
Allergies-Other See page 8			Hepatitis		
Anemia			Hernia		
Asthma			High Blood Pressure		
Bed-wetting			High Fevers (105° or more)		
Behavioral Issues			Kidney Disease and/or infection		
Birth Defects			Lead Exposure		
Bleeding Tendencies			Neck Injury		
Bone/Joint Injury/Disease			Prenatal Substance Abuse Exposure		
Cancer			Rheumatic Fever		
Contact Lenses/Glasses			Seizure Disorder		
Contagious Disease(s)			Skin Disease		
Convulsions			Sore Throats		
Diabetes			Special Diets or Formula		
Dizziness			Speech Problem		
Eczema			Stomach Aches, Vomiting, Diarrhea		
Emotional/Psychological Disorders			Tuberculosis		
Frequent Colds			Vision Problem		
Frequent Ear Infections					
Frequent Urination					

## Child's Physical, Psychological and Social Development

At how many months did your child:

Move arms & legs	Roll over	Sit independently	Crawls
Feed self	Walk by him or herself	Say words	Play with toys
Point to body parts	Follow directions	Say sentences	Ride tricycle
Bowel trained <input type="checkbox"/> Yes <input type="checkbox"/> No   At what age: _____		Bladder trained <input type="checkbox"/> Yes <input type="checkbox"/> No   At what age: _____	

Sleep is:    Restful                       Restless                       Disturbed (rocking, nightmares, headbanging)

Child's Nature/Temperament: .....  **HAPPY**  
 .....  
 .....  **SHY**  
 .....  
 .....  **ACTIVE**  
 .....  
 .....  **ENJOYS OTHER CHILDREN**  
 **Tantrums**       **Cries easily**       **Scared of** \_\_\_\_\_

Describe things in your child's life that your child's doctor might want to know \_\_\_\_\_

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## Allergy Record Log

Date	Allergy	Type of Reaction

## Medicine Log

Date	Medicine	Medicine Purpose	Dose & How Often	Doctor	Side Effect/Reaction	Date	Reason for Stopping

**NOTE:** You may wish to contact your pharmacy to get a copy of recent medicine information.



### Monthly Weight Chart

Date	Age	Weight (in Pounds)	Height (in Inches)	Change +/-		Date	Age	Weight (in Pounds)	Height (in Inches)	Change +/-

### Feeding

<input type="checkbox"/> Regular diet	<input type="checkbox"/> No assist	<input type="checkbox"/> Special dishes or utensils (cup, spoon, fork, knife, bottle)	<input type="checkbox"/> Special formulas
<input type="checkbox"/> Soft diet	<input type="checkbox"/> Partial assist		
<input type="checkbox"/> Pureed	<input type="checkbox"/> Total assist		
<input type="checkbox"/> Finger foods	<input type="checkbox"/> Feeding pump/tube		
Food Allergies: 			

### Special Diet and Instructions

Start Date	Type	Route	Amount/Schedule

Important Medical Numbers				
<b>Primary Physician</b>			Specialty	
Address		City		State   Zip
Phone Numbers	Office	Fax	Pager	Cell
Hours			E-mail	
<b>Care Coordinator</b>			Agency	
Address		City		State   Zip
Phone Numbers	Office	Fax	Pager	Cell
Hours			E-mail	
<b>Urgent Care/After Hours Clinic</b>				
Address		City		State   Zip
Phone Numbers	Office		Fax	
Hours			E-mail	
<b>Primary Hospital</b>				
Address		City		State   Zip
Phone Numbers	Information	Emergency Room	Fax	
<b>Secondary Hospital</b>				
Address		City		State   Zip
Phone Numbers	Information	Emergency Room	Fax	

## Specialists/Other Care Providers

<b>Provider</b>					<b>Specialty</b>						
Clinic											
Address				City				State		Zip	
Phone Numbers		Office			Fax			Cell		Pager	
Hours					E-mail						
<b>Provider</b>					<b>Specialty</b>						
Clinic											
Address				City				State		Zip	
Phone Numbers		Office			Fax			Cell		Pager	
Hours					E-mail						
<b>Provider</b>					<b>Specialty</b>						
Clinic											
Address				City				State		Zip	
Phone Numbers		Office			Fax			Cell		Pager	
Hours					E-mail						
<b>Provider</b>					<b>Specialty</b>						
Clinic											
Address				City				State		Zip	
Phone Numbers		Office			Fax			Cell		Pager	
Hours					E-mail						

**Hospitalizations/Surgery Information**

Date	Doctor/Hospital	Hospitalizations/Surgery	Procedures

## Pharmacies

<b>Pharmacy (1)</b>				
Pharmacist				
Address		City		State
Zip				
Phone Numbers	Office	Fax	Pager	
Hours		E-mail		
<b>Pharmacy (2)</b>				
Pharmacist				
Address		City		State
Zip				
Phone Numbers	Office	Fax	Pager	
Hours		E-mail		
<b>Pharmacy (3)</b>				
Pharmacist				
Address		City		State
Zip				
Phone Numbers	Office	Fax	Pager	
Hours		E-mail		
<b>Pharmacy (4)</b>				
Pharmacist				
Address		City		State
Zip				
Phone Numbers	Office	Fax	Pager	
Hours		E-mail		

## Equipment Log

Date	Equipment/ Product	Vendor Purchased or Rented From	Serial Number	Service Schedule	Service Contact	Other Information
	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Name  Phone			Name  Phone	
	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Name  Phone			Name  Phone	
	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Name  Phone			Name  Phone	
	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Name  Phone			Name  Phone	
	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Name  Phone			Name  Phone	

Insurance Information					
Primary			Secondary		
Health Plan Name			Health Plan Name		
Health Plan Address			Health Plan Address		
Health Plan City	State	Zip	Health Plan City	State	Zip
Health Plan Phone			Health Plan Phone		
Health Plan Fax			Health Plan Fax		
Health Plan Email			Health Plan Email		
Group Number			Group Number		
Health Plan Policy #			Health Plan Policy #		
Policy Holder Name			Policy Holder Name		
Doctor's Name			Doctor's Name		
Doctor's Phone			Doctor's Phone		
Preferred Hospital			Preferred Hospital		

Insurance Notes



### Dental Insurance Information

Primary			Secondary		
Dental Plan Name			Dental Plan Name		
Dental Plan Address			Dental Plan Address		
Dental Plan Phone	Dental Plan Phone		Dental Plan Hours	Dental Plan Phone	
Dental Plan Policy #			Dental Plan Policy #		
Dentist Name			Dentist Name		
Dentist Address			Dentist Address		
Dentist Hours	Dentist Phone	Dentist Fax	Dentist Hours	Dentist Phone	Dentist Fax

### Teeth Eruption History

Tooth	Tooth Name	Eruption Period	Eruption Date	Diagram	Tooth	Tooth Name	Eruption Period	Eruption Date
E	Central Incisor	8-12 Months			P	Central Incisor	8-12 Months	
F					O			
D	Lateral Incisor	9-13 Months			Q	Lateral Incisor	9-13 Months	
G					N			
C	Canine (Cuspid)	16-22 Months			R	Canine (Cuspid)	16-22 Months	
H					M			
B	First Molar	13-19 Months			S	First Molar	13-19 Months	
I					L			
A	Second Molar	25-33 Months			T	Second Molar	25-33 Months	
J					K			

## Dental Information

Date	Procedures	Dentist, Office Location, & Phone #	Follow-up/Results

## Important Community Numbers

<b>Regional Center</b>				
Address		City		State
Zip		Extension		
Contact 1 2				Extension
Phone Numbers	Office 1 2	Fax 1 2	Pager 1 2	Cell 1 2
Hours			E-mail 1 2	
<b>California Children's Services (CCS)</b>				
Address		City		State
Zip		Extension		
Contact 1 2				Extension
Phone Numbers	Office 1 2	Fax 1 2	Pager 1 2	Cell 1 2
Hours			E-mail 1 2	
<b>Other</b>				
Address		City		State
Zip		Extension		
Contact 1 2 3				Extension
Phone Numbers	Office 1 2 3	Fax 1 2 3	Pager 1 2 3	Cell 1 2 3
Hours			E-mail 1 2 3	

Important Educational Numbers				
<b>School</b>		Teacher		Room
Address		City		State Zip
Phone Numbers	Office	Fax	Cell	
Hours		E-mail		
<b>Early Intervention Teacher</b>		Contact Name		
Address		City		State Zip
Phone Numbers	Office	Fax	Cell	
Hours				
<b>School District Transition Coordinator</b>		Contact Name		
Address		City		State Zip
Phone Numbers	Office	Fax	Cell	
Hours				
<b>Transportation Agency (1)</b>		Contact Name		
Address		City		State Zip
Phone Numbers	Office	Fax	Cell	
Hours				
<b>Transportation Agency (2)</b>		Contact Name		
Address		City		State Zip
Phone Numbers	Office	Fax	Cell	
Hours				

Community Agencies						
<b>Agency</b>			Service			
Contact						
Address		City			State	Zip
Phone Numbers	Office	Fax	Cell	Pager		
Hours			E-mail			
<b>Agency</b>			Service			
Contact						
Address		City			State	Zip
Phone Numbers	Office	Fax	Cell	Pager		
Hours			E-mail			
<b>Agency</b>			Service			
Contact						
Address		City			State	Zip
Phone Numbers	Office	Fax	Cell	Pager		
Hours			E-mail			
<b>Agency</b>			Service			
Contact						
Address		City			State	Zip
Phone Numbers	Office	Fax	Cell	Pager		
Hours			E-mail			

## Telephone Contacts

Date	Name/Telephone	Purpose	Type	Result
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
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Date	Name/Telephone	Purpose	Type	Result
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			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
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			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	
			<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	

## Public Resources - Riverside

<b>Family Assistance Programs</b>	<b>Supplemental Security Income (SSI)</b> Provides cash assistance and Medi-Cal to low income disabled individuals (all ages)	800-772-1213
	<b>Women, Infant and Children (WIC)</b> WIC program provides nutrition education, diet evaluation for all participants', high-risk participants receive dietary counseling. Breast pump loans to low-income nursing women.	800-455-4942
	<b>Temporary Aid for Needy Families (TANF)</b>	951-358-3000
<b>Family Support &amp; Advocacy</b>	<b>Alternatives to Domestic Violence</b> Countywide services for victims of domestic violence. Alternatives to Domestic Violence offer a 24-hour crisis line to victims of domestic violence. Access to all services through the crisis line.	800-339-7233
	<b>Child Care Referrals (Riverside County Office of Education)</b> Countywide child care referrals	800-442-4927
	<b>Child Protective Services (CPS)</b> Department of Public Social Services Investigates reports of child abuse.	800-442-4918
	<b>Early Start - Family Resource Network</b> Provides free information through a parent library, advocacy, and parent-to-parent support for children with disabilities and/or special health care needs (Ages 0-3).	800-974-5553
	<b>Injury Prevention Network</b> Low cost car seat program and car seat program for children with special needs.	800-774-7237
<b>Health Services</b>	<b>Child Health and Disability Prevention Program (CHDP)</b> Provides comprehensive health examinations and immunizations to eligible children. Eligibility: Children without health insurance under the age of 19 with incomes at or below 200% of the federal income guidelines; children with Medi-Cal under the age of 21 who are not assigned to a Medi-Cal Managed Care Plan.	800-346-6520
	<b>California Children Services (CCS)</b> CCS is a statewide program that arranges, directs, and pays for medical care, equipment, and rehabilitation, when these services are authorized by the program. Services can be authorized for children and young adults under 21 years of age who have eligible medical conditions and whose families are unable to pay for all or part of their care. CCS defines eligibility and selects the most qualified professional to treat the child's CCS-eligible condition. CCS is not a health insurance program.	951-358-5401
	<b>Denti-Cal</b> Program provides referrals to doctors and dentists that accept Medi-Cal.	800-322-6384
	<b>Healthy Families / Healthy Kids / Medi-Cal</b> The Healthy Families Program is a state and federally funded health coverage program for children with family incomes above the level eligible for no cost Medi-Cal and below 250% of the federal income guidelines (\$36,576 for a family of three).	800-880-5305
	<b>Mental Health – Central Access Team</b> Specialized information and referral for Therapist, Psychiatrist, LCSW, and Psychologist.	800-706-7500
	<b>Public Health</b>	951-358-5000
<b>Educational &amp; Developmental Services</b>	<b>Early Start (birth to 3 yrs of age)</b> Case management services, parent education, referral and coordination of medical care, and purchase of needed services for children with disabilities and/or children at high risk of disability (ages 0-3).	800-515-2229
	<b>Infant Circle</b> Public education, home and center-based programs for children with disabilities and/or special health care needs case management services for children with low incidence disabilities such as hearing, visual and orthopedic disabilities (ages 0-3).	951-683-0112
	<b>Inland Regional Center</b> Assessment, evaluation and case management services for children age 3 years and up with Autism, Cerebral Palsy, Epilepsy, and Mental Retardation. (Services for ages 3 and over)	909-890-3000
	<b>Interagency Assessment and Training Center (IATC)</b> Extended assessment and intensive early intervention program for children 15 months to 5 years with diagnosis of autism. Intensive classroom and parent education/support services. IATC clients can be referred by a variety of agencies.	951-826-4600
	<b>Special Education Local Plan Area (SELPA)</b> SELPA provides support for special education programs to children within their regions. To contact your local SELPA program please call the Riverside County Office of Education main line.	Main Line 951-826-6687
<b>Additional Resources</b>	<b>2-1-1- Riverside County</b> 2-1-1- is a free of charge comprehensive Information and Referral service consisting of a comprehensive database and call center managed by trained staff, most of whom are certified and bilingual. The 211 Riverside database stores detailed information on approximately 800 non-profit and governmental human service agencies with more than 2000 programs. Examples of 2-1-1 referrals include:	
	<ul style="list-style-type: none"> <li> <b>Loma Linda Pediatric Dental Clinic</b> Program offers high-quality dental care provided by faculty-supervised students and residents, ranging from simple cleanings and fillings to root canals, braces, and dental implants. Special dental care programs offered for children and children with disabilities.                     </li> </ul>	2-1-1
	<ul style="list-style-type: none"> <li> <b>Blindness Support Services, Inc.</b> Specialized information and referral for blind and visually impaired individuals and their children.                     </li> </ul>	
	<ul style="list-style-type: none"> <li> <b>Children's Center of the Inland Counties</b> Infant / Preschool intervention program of therapy and education for children with disabilities (ages 0-6).                     </li> </ul>	

<b>Glossary</b>	
Commonly used terms you may find in medical records or directions	
<b>Abbreviation</b>	<b>Meaning</b>
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
MEq	milli-equivalents
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	98.6F or 37.06C
1 teaspoon	5ml
1ml	1cc
2.2 pounds	1kg
1 oz	2 T. or 6 tsp. or 30ml
1 tablespoon	½ oz or 3 teaspoons or 15 ml
8 oz	240ml