





























# PATIENT INFORMATION SHEET / HOJA DE INFORMACIÓN DEL PACIENTE

**Directions:** Please check (✓) what happens (or happened) during your child's seizure and bring this sheet to your child's neurology appointment.

**Direcciones:** Por favor marque (✓) lo qué sucede (o sucedio) durante la convulsión de su niño(a) y traiga esta hoja con usted a la cita de neurología del niño.

## — DESCRIPTION OF SPELL OR SEIZURE / DESCRIPCIÓN DEL ATAQUE O CONVULSIÓN —

 <b>Body /</b> <b>Cuerpo</b>	<input type="checkbox"/> whole/ entero 	<input type="checkbox"/> right/ lado derecho 	<input type="checkbox"/> left lado izquierdo 	<input type="checkbox"/> can't tell no sabría decir ?	
 <b>Movement/</b> <b>Movimiento</b>	<input type="checkbox"/> jerking/ espasmos 	<input type="checkbox"/> stiffness/ rigidez 	<input type="checkbox"/> jerking and stiffness/ espasmos y rigidez 	<input type="checkbox"/> can't tell no sabría decir ?	
 <b>Eyes</b> <b>Ojos</b>	<input type="checkbox"/> up/ ↑ en blanco 	<input type="checkbox"/> closed/ cerrados 	<input type="checkbox"/> right/ → a la derecha 	<input type="checkbox"/> left/ ← a la izquierda 	
 <input type="checkbox"/> stare/ mirada fija	<input type="checkbox"/> stare and blink/ mirada fija y parpadeo 	<input type="checkbox"/> no change/ sin cambio 	<input type="checkbox"/> can't tell/ no sabría decir ?		
 <b>Skin Color</b> <b>Color de piel</b>	<input type="checkbox"/> blue/ morada 	<input type="checkbox"/> no change/ sin cambio 	<input type="checkbox"/> can't tell/ no sabría decir ?		
 <b>Accident</b> <b>Accidente</b>	<input type="checkbox"/> pee – pee orina 	<input type="checkbox"/> poop popo 	<input type="checkbox"/> none ninguno	<input type="checkbox"/> can't tell/ no sabría decir ?	
 <b>Mouth</b> <b>Boca</b>	<input type="checkbox"/> dry seca 	<input type="checkbox"/> drool babea 	<input type="checkbox"/> foam le sale espuma 	<input type="checkbox"/> bite tongue se muerde la lengua 	<input type="checkbox"/> can't tell/ no sabría decir ?
 <b>How Often /</b> <b>Frecuencia</b>	<input type="checkbox"/> daily diariamente	<input type="checkbox"/> weekly semanalmente	<input type="checkbox"/> monthly mensualmente	<input type="checkbox"/> other: otro _____	

## — AFTER SEIZURE OR SPELL / DESPUÉS DEL ATAQUE O CONVULSIÓN —

<input type="checkbox"/> asleep/ se duerme 	<input type="checkbox"/> drowsy/ soñoliento 	<input type="checkbox"/> alert/ alerta 	<input type="checkbox"/> confused/ confundido 	<input type="checkbox"/> paralyzed paralizado 
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# PATIENT INFORMATION SHEET / HOJA DE INFORMACIÓN DEL PACIENTE

**Directions:** Please check (✓) the medications that your child takes and write in the daily dosage.  
**Direcciones:** Por favor marque (✓) los medicamentos que su niño(a) toma y escriba la dosis diaria.

## — MEDICATION / MEDICAMENTOS —

Drug name / Nombre del medicamento	How supplied / Forma del medicamento	Frequency / Frecuencia <small>for example: 3 times/day por ejemplo: 3 veces/día</small>
<b>Carbatrol</b> (Carbamazepine)	<input type="checkbox"/> 200 mg <span style="margin-left: 150px;"><input type="checkbox"/> 300 mg</span>	
<b>Depakene</b> (Valproic Acid)	<input type="checkbox"/> 250 mg <span style="margin-left: 50px;">Syrup ♣</span> <span style="margin-left: 50px;"><input type="checkbox"/> 200 mg / 5 mL</span>	
<b>Depakote</b> (Divalproex Sodium)	<input type="checkbox"/> 125 mg <span style="margin-left: 50px;"><input type="checkbox"/> 250 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 500 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 500 mg - ER</span>	
	<b>Sprinkle</b> ♣ <span style="margin-left: 100px;"><input type="checkbox"/> 125 mg</span>	
<b>Dilantin</b> (Phenytoin Sodium, Phenytoin)	<input type="checkbox"/> 30 mg <span style="margin-left: 150px;"><input type="checkbox"/> 100 mg</span>	
	<b>Infatabs</b> <span style="margin-left: 50px;"><input type="checkbox"/> 50 mg</span> <span style="margin-left: 50px;">125 ♣</span> <span style="margin-left: 50px;"><input type="checkbox"/> 125 mg / 5 mL</span>	
<b>Gabitril</b> (Tiagabine HCL)	<input type="checkbox"/> 2 mg <span style="margin-left: 50px;"><input type="checkbox"/> 4 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 12 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 16 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 20 mg</span>	
<b>Keppra</b> (Levetiracetam)	<input type="checkbox"/> 250 mg <span style="margin-left: 50px;"><input type="checkbox"/> 500 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 750 mg</span> <span style="margin-left: 50px;">Liquid ♣</span> <span style="margin-left: 50px;"><input type="checkbox"/> 100 mg / mL</span>	
<b>Klonopin</b> (Clonazepam)	<input type="checkbox"/> 0.5 mg <span style="margin-left: 100px;"><input type="checkbox"/> 1mg</span> <span style="margin-left: 100px;"><input type="checkbox"/> 2 mg</span>	
<b>Lamictal</b> (Lamotrigine)	<input type="checkbox"/> 25 mg <span style="margin-left: 50px;"><input type="checkbox"/> 100 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 150 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 200 mg</span>	
	<b>Chewables</b> <span style="margin-left: 50px;"><input type="checkbox"/> 2 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 5 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 25 mg</span>	
<b>Neurontin</b> (Gabapentin)	<input type="checkbox"/> 100 mg <span style="margin-left: 50px;"><input type="checkbox"/> 300 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 400 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 600 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 800 mg</span>	
	<b>Liquid</b> ♣ <span style="margin-left: 100px;"><input type="checkbox"/> 250 mg / 5 mL</span>	
<b>Phenobarbital</b>	<input type="checkbox"/> 15 mg <span style="margin-left: 50px;"><input type="checkbox"/> 30 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 60 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 100 mg</span>	
	<b>Liquid</b> ♣ <span style="margin-left: 100px;"><input type="checkbox"/> 20 mg / 5 mL</span>	
<b>Tegretol</b> (Carbamazepine)	<input type="checkbox"/> 100 mg <span style="margin-left: 50px;"><input type="checkbox"/> 200 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 100 mg - XR</span> <span style="margin-left: 50px;"><input type="checkbox"/> 200 mg - XR</span> <span style="margin-left: 50px;"><input type="checkbox"/> 800 mg - XR</span>	
	<b>Liquid</b> ♣ <span style="margin-left: 100px;"><input type="checkbox"/> 100 mg / 5 mL</span>	
<b>Topamax</b> (Topiramate)	<input type="checkbox"/> 25 mg <span style="margin-left: 100px;"><input type="checkbox"/> 100 mg</span> <span style="margin-left: 100px;"><input type="checkbox"/> 200 mg</span>	
	<b>Sprinkle</b> ♣ <span style="margin-left: 50px;"><input type="checkbox"/> 15 mg</span> <span style="margin-left: 50px;"><input type="checkbox"/> 25 mg</span>	
<b>Trileptal</b> (Oxcarbazepine)	<input type="checkbox"/> 150 mg <span style="margin-left: 100px;"><input type="checkbox"/> 300mg</span> <span style="margin-left: 100px;"><input type="checkbox"/> 600 mg</span>	
	<b>Liquid</b> ♣ <span style="margin-left: 100px;"><input type="checkbox"/> 300 mg/5 mL (60 mg/mL)</span>	
<b>Zarontin</b> (Ethosuximide)	<input type="checkbox"/> 250 mg <span style="margin-left: 50px;">Syrup ♣</span> <span style="margin-left: 50px;"><input type="checkbox"/> 250 mg / 5 mL</span>	
<b>Zonegran</b> (Zonisamide)	<input type="checkbox"/> 100 mg	

## — QUESTIONS & CONCERNS / DUDAS Y PREGUNTAS —

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