

Timeline for Follow-Up Care

Patient Name:			Age:				
Diagnosis:		Date:					
Flu Shots Is flu shot recommended for patient?	Yes	No	For	family members?	Yes	No	
Date or month available:							
Physician to administer: Cardiologist	Pedia	atrician	or (Other:			

RSV - Respiratory Syncytial Virus (a common respiratory virus in infants and young children)

Are RSV vaccinations recommended? Yes No

Monthly shots to begin: _____through: _____

Physician to administer: Cardiologist Pediatrician or Other:

(Prior written approval from insurance company is suggested since each shot can cost \$1000 or more)

Type of Follow Up (PC appt., X-ray, Echo, EKG, Holter Monitor, lab work, dental appt. etc.)	Physician (Cardiologist, Pediatrician, other)	Date or timeframe (i.e. every 6 months, etc)

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