



## 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    Pediatrician    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<br>(PC appt., X-ray, Echo, EKG, Holter Monitor, lab work, dental appt. etc.) | Physician<br>(Cardiologist, Pediatrician, other) | Date or timeframe<br>(i.e. every 6 months, etc) |
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