| **Zika Outcomes and Development in Infants and Children (ZODIAC)**  **Medical Record Abstraction Form**  *These data are considered confidential and will be stored in a secure database at the University of Brasilia.* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Please refer to your Standard Operating Procedures #X for abstraction instructions.*  *Completed abstraction forms are to be sent to XXX.* | | | | | | |
| **Section 1: Introduction and Demographics** | | | | | | |
| **Child Identification Number:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Abstractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Abstraction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Child Date of Birth:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Child Place of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child Death**: 🞎 No 🞎 Yes, date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_* **Cause of Death:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child Sex:** 🞎 Male 🞎 Female 🞎 Ambiguous  **Child Race:** 🞎 White 🞎 Black 🞎 Mulatto 🞎 Asian 🞎 Indigenous 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child State of Residence**: 🞎 Paraíba 🞎 Ceará | | | | | | |
| **Section 2: Growth** | | | | | | |
| **ENTRY 1, SECTION 2**  **2.1. Date assessed** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **2.2. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **2.3. Head Circumference** \_\_\_\_\_\_\_\_centimeters  **2.4.** 🞎 Normal 🞎 Abnormal (*by physician report*)  **2.5.** **Microcephaly (head circumference <3%ile)** 🞎 No 🞎 Yes  **2.6. Length** \_\_\_\_\_\_\_\_centimeters **2.7. Weight** \_\_\_\_\_\_\_\_ kilograms  **2.8. Notes:** | | | | | | |
| **ENTRY 2, SECTION 2**  **2.9. Date assessed** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **2.10. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **2.11.** **Head Circumference** \_\_\_\_\_\_\_\_centimeters  **2.12.** 🞎 Normal 🞎 Abnormal (*by physician report*)  **2.13.** **Microcephaly (head circumference <3%ile)** 🞎 No 🞎 Yes  **2.14. Length** \_\_\_\_\_\_\_\_centimeters **2.15. Weight** \_\_\_\_\_\_\_\_ kilograms  **2.16. Notes:** | | | | | | |
| **Section 3: Immunizations** | | | | | | |
| **ENTRY 1, SECTION 3**  **3.1. Hepatitis B (HB)** 🞎 Yes 🞎 No 🞎 Unknown  **3.2 Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.3**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 2, SECTION 3**  **3.4. Intradermal tuberculosis vaccine (BCGid)** 🞎 Yes 🞎 No 🞎 Unknown  **3.5 Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.6**. **Date received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 3, SECTION 3**  **3.7. Pentavalent (DTP+HB+Hib)** 🞎 Yes 🞎 No 🞎 Unknown  **3.8. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.9**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *Date 3: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 4: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 4, SECTION 3**  **3.10. Inactivated injectable polio vaccine (IPV)** 🞎 Yes 🞎 No 🞎 Unknown  **3.11. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.12**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *Date 3: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 4: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 5, SECTION 3**  **3.13. Pneumococcal conjugate vaccine with 7 serotypes (PnC7V)** 🞎 Yes 🞎 No 🞎 Unknown  **3.14. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.15**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *Date 3: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 4: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 6, SECTION 3**  **3.16. Rotavirus** 🞎 Yes 🞎 No 🞎 Unknown  **3.17. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.18**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 7, SECTION 3**  **3.19. Meningococcal group C (MnCC)** 🞎 Yes 🞎 No 🞎 Unknown  **3.20. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.21**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *Date 3: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 4: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 8, SECTION 3**  **3.22. Influenza (flu)** 🞎 Yes 🞎 No 🞎 Unknown  **3.23. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.24**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 9, SECTION 3**  **3.25. Yellow fever** 🞎 Yes 🞎 No 🞎 Unknown  **3.26. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.27**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 10, SECTION 3**  **3.28. Measles, mumps, rubella (MMR)** 🞎 Yes 🞎 No 🞎 Unknown  **3.29. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.30**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 11, SECTION 3**  **3.31. Hepatitis A (HAV)** 🞎 Yes 🞎 No 🞎 Unknown  **3.32. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.33**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **ENTRY 12, SECTION 3**  **3.34. Varicella** 🞎 Yes 🞎 No 🞎 Unknown  **3.35. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **3.36**. **Dates received** *Date 1: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date 2: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | | | | | | |
| **Section 4: Imaging and Diagnostics** | | | | | | |
| **Section 4-1: Hearing and Vision** | | | | | | |
| **4.1. Diagnostic hearing evaluation** 🞎 Not performed 🞎 Performed 🞎 Unknown  **4.2.** ***If performed,* date at time of evaluation** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.3. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.4. Method of Evaluation** 🞎 Otoacoustic emission testing 🞎 Automated auditory brainstem response  🞎 Auditory brainstem response 🞎 Tympanometry 🞎 Behavioral audiometry  **4.5. Audiologic Results**  **4.5a. Type** 🞎 Sensorineural 🞎 Conductive 🞎 Mixed 🞎 Unknown  **4.5b. Severity** 🞎 Slight 🞎 Mild 🞎 Moderate 🞎 Moderately severe 🞎 Severe 🞎 Profound 🞎 Unknown severity  **4.5c. Laterality** 🞎 Bilateral 🞎 Unilateral 🞎 Laterality unknown | | | | | | |
| **4.6. Vision evaluation** 🞎 Not Performed 🞎 Performed 🞎 Unknown  **4.7. *If performed,* date at time of exam** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.8. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.9. External exam** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.10. Assessment of fixation and following** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.11. Ocular motility** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.12. Visual fields** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.13. Pupil exam** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.14. Refraction** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.15. Fundus exam (indirect ophthalmoscopy of retina and optic nerve)** 🞎 Normal 🞎 Abnormal🞎 Unknown  **4.16. Retcam photographs** 🞎 Normal 🞎 Abnormal 🞎 Unknown  **4.17.** *Findings*  **Microphthalmia** 🞎 Yes 🞎 No 🞎 Unknown  **Chorioretinitis** 🞎 Yes 🞎 No 🞎 Unknown  **Macular pallor** 🞎 Yes 🞎 No 🞎 Unknown  **Optic nerve abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **Neurologic visual impairment** 🞎 Yes 🞎 No 🞎 Unknown  **Delayed visual developmental milestones** 🞎 Yes 🞎 No 🞎 Unknown  **Other retinal abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **4.18. *Please describe findings below:*** | | | | | | |
| **Section 4-2: Laboratory Testing** | | | | | | |
| **4.19. Zika testing on infant** 🞎 Not performed on infant 🞎 Performed on infant 🞎 Unknown  **4.20. *If performed on infant,* date at test** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.21. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.22. Specimen type** 🞎 Cord blood 🞎 Peripheral blood 🞎 Placenta 🞎 Fetal tissue 🞎 Cerebrospinal fluid (CSF) 🞎 Urine 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **4.23. Results**  **4.23a. PCR-RT** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.23b. IgM** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.23c. IgG** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.23d. PRNT** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.24.** ***Please describe findings below:*** | | | | | | |
| **4.25. Zika testing on mother** 🞎 Not performed on mother 🞎 Performed on mother 🞎 Unknown  **4.26. *If performed on mother,* date at test** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.27. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.28. Specimen type** 🞎 Maternal serum 🞎 Amniotic fluid 🞎 Urine 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **4.29. Results:**  **4.29a. PCR-RT** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.29b. IgM** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.29c. IgG** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.29d. PRNT** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.30.** ***Please describe findings below:*** | | | | | | |
| **4.31. Prenatal infection testing on mother** 🞎 Not performed on mother 🞎 Performed on mother 🞎 Unknown  **4.32. *If performed on mother,* date of test** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Infant’s gestational age: \_\_\_\_\_\_\_\_ *(weeks, days)*  **4.33. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.34. Toxoplasmosis** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.35. Cytomegalovirus** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.36. Herpes Simplex** = 🞎 Negative 🞎 Positive 🞎 Inconclusive 🞎 Unknown  **4.37. Rubella** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.38. HIV** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.39. Syphilis** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.40. Dengue** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.41. Chikungunya** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.42.** **Other blood tests performed on mother (*include dates, source and results*):** | | | | | | |
| **4.43. Prenatal infection testing on infant** 🞎 Not performed on infant 🞎 Performed on infant 🞎 Unknown  **4.44. *If performed on infant,* date at test** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_  **4.45. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.46. Toxoplasmosis** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.47. Cytomegalovirus** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.48. Herpes Simplex Virus** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.49. Rubella** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.50. HIV**  🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.51. Syphilis** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.52. Dengue** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.53. Chikungunya** 🞎 Positive 🞎 Negative 🞎 Inconclusive 🞎 Unknown  **4.54.** **Other blood tests performed on infant (*include dates, source and results*):** | | | | | | |
| **Section 4-3: Neurologic Exams** | | | | | | |
| **ENTRY 1, SECTION 4-3**  **4.55. Neurologic exam**🞎 Not performed 🞎 Performed 🞎 Unknown  **4.56. *If performed*,** **date at time of exam** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.57. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **4.58. *Findings:***  **Normal**  🞎 Yes 🞎 No 🞎 Unknown  **Hypertonia - Spasticity** 🞎 Yes 🞎 No 🞎 Unknown  **Hypertonia - Dystonia** 🞎 Yes 🞎 No 🞎 Unknown  **Hyperreflexia** 🞎 Yes 🞎 No 🞎 Unknown  **Irritability** 🞎 Yes 🞎 No 🞎 Unknown  **Tremors** 🞎 Yes 🞎 No 🞎 Unknown  **Swallowing/feeding difficulties** 🞎 Yes 🞎 No 🞎 Unknown  **Seizures** 🞎 Yes 🞎 No 🞎 Unknown  **Posturing** 🞎 Yes 🞎 No 🞎 Unknown  **Persistence of primitive reflexes** 🞎 Yes 🞎 No 🞎 Unknown  **Hypotonia** 🞎 Yes 🞎 No 🞎 Unknown  **Other neurologic abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **4.59. *Please describe findings below*:** | | | | | | |
| **ENTRY 2, SECTION 4-3**  **4.60. Neurologic exam** 🞎 Not performed 🞎 Performed 🞎 Unknown  **4.61. *If performed*,** **date at time of exam** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.62. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other **4.63. *Findings:***  **Normal** 🞎 Yes 🞎 No 🞎 Unknown  **Hypertonia - Spasticity** 🞎 Yes 🞎 No 🞎 Unknown  **Hypertonia - Dystonia** 🞎 Yes 🞎 No 🞎 Unknown  **Hyperreflexia** 🞎 Yes 🞎 No 🞎 Unknown  **Irritability** 🞎 Yes 🞎 No 🞎 Unknown  **Tremors**  🞎 Yes 🞎 No 🞎 Unknown  **Swallowing/feeding difficulties** 🞎 Yes 🞎 No 🞎 Unknown  **Seizures**  🞎 Yes 🞎 No 🞎 Unknown  **Posturing** 🞎 Yes 🞎 No 🞎 Unknown  **Persistence of primitive reflexes** 🞎 Yes 🞎 No 🞎 Unknown  **Hypotonia** 🞎 Yes 🞎 No 🞎 Unknown  **Other neurologic abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **4.64. *Please describe findings below*:** | | | | | | |
| **Section 4-4: Imaging and Diagnostic Studies** | | | | | | |
| **ENTRY 1, SECTION 4-4**  **4.65. Imaging study** 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Not performed  **4.66. Date at time of study** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.67. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other **4.68. *Findings****:*  **Encephalocele** 🞎 Yes 🞎 No 🞎 Unknown  **Microcephaly/Micrencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Intracranial calcification** 🞎 Yes 🞎 No 🞎 Unknown  **Cerebral (brain) atrophy** 🞎 Yes 🞎 No 🞎 Unknown  **Pachygyria** 🞎 Yes 🞎 No 🞎 Unknown  **Lissencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Abnormality of corpus callosum** 🞎 Yes 🞎 No 🞎 Unknown  **Cerebellar abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **Porencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Hydranencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Ventriculomegaly/Hydrocephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Other abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **4.69.** ***Please describe findings below:*** | | | | | | |
| **ENTRY 2, SECTION 4-4**  **4.70. Imaging study** 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Not performed  **4.71. Date at time of study** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.72. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other **4.73. *Findings****:*  **Encephalocele** 🞎 Yes 🞎 No 🞎 Unknown  **Microcephaly/Micrencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Intracranial calcification** 🞎 Yes 🞎 No 🞎 Unknown  **Cerebral (brain) atrophy** 🞎 Yes 🞎 No 🞎 Unknown  **Pachygyria**  🞎 Yes 🞎 No 🞎 Unknown  **Lissencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Abnormality of corpus callosum** 🞎 Yes 🞎 No 🞎 Unknown  **Cerebellar abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **Porencephaly**  🞎 Yes 🞎 No 🞎 Unknown  **Hydranencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Ventriculomegaly/Hydrocephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Other abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **4.74**. ***Please describe findings below:*** | | | | | | |
| **ENTRY 3, SECTION 4-4**  **4.75. Imaging study** 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Not performed  **4.76. Date at time of study** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.77. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other **4.78. *Findings****:*  **Encephalocele** 🞎 Yes 🞎 No 🞎 Unknown  **Microcephaly/Micrencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Intracranial calcification** 🞎 Yes 🞎 No 🞎 Unknown  **Cerebral (brain) atrophy** 🞎 Yes 🞎 No 🞎 Unknown  **Pachygyria** 🞎 Yes 🞎 No 🞎 Unknown  **Lissencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Abnormality of corpus callosum** 🞎 Yes 🞎 No 🞎 Unknown  **Cerebellar abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **Porencephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Hydranencephaly**  🞎 Yes 🞎 No 🞎 Unknown  **Ventriculomegaly/Hydrocephaly** 🞎 Yes 🞎 No 🞎 Unknown  **Other abnormalities** 🞎 Yes 🞎 No 🞎 Unknown  **4.79. *Please describe findings below:*** | | | | | | |
| **4.80. EEG** 🞎 Not performed 🞎 Performed 🞎 Unknown  **4.81. *If performed*,** **date at time of exam** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **4.82. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other **4.83. *Findings:***  **Epileptic waveform abnormalities - focal** 🞎 Yes 🞎 No 🞎 Unknown  **Epileptic waveform abnormalities – generalized** 🞎 Yes 🞎 No 🞎 Unknown  **Non-epileptic waveform abnormalities - focal** 🞎 Yes 🞎 No 🞎 Unknown  **Non-epileptic waveform abnormalities – generalized** 🞎 Yes 🞎 No 🞎 Unknown  **4.84. *Please describe findings below*:** | | | | | | |
| **4.85. Other neurological tests/results/diagnoses (*include dates and source of results*):** | | | | | | |
| **Section 5: Early Intervention Referrals** | | | | | | |
| **ENTRY 1**  **5.1. Referred to early intervention/rehabilitation** 🞎 Yes 🞎 No 🞎 Unknown  **5.2. *If referred,* date at time of referral** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **5.3. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **5.4.** ***Services recommended?***  **Physical therapy** 🞎 Yes 🞎 No 🞎 Unknown  **Occupational therapy** 🞎 Yes 🞎 No 🞎 Unknown  **Speech therapy** 🞎 Yes 🞎 No 🞎 Unknown  **Special Education** 🞎 Yes 🞎 No 🞎 Unknown  **Developmental stimulation** 🞎 Yes 🞎 No 🞎 Unknown  **Family support** 🞎 Yes 🞎 No 🞎 Unknown  **Other, specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **5.5. Notes:** | | | | | | |
| **ENTRY 2**  **5.6. Referred to early intervention/rehabilitation** 🞎 Yes 🞎 No 🞎 Unknown  **5.7. *If referred,* date at time of referral** Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **5.8. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **5.9.** ***Services recommended?***  **Physical therapy** 🞎 Yes 🞎 No 🞎 Unknown  **Occupational therapy** 🞎 Yes 🞎 No 🞎 Unknown  **Speech therapy** 🞎 Yes 🞎 No 🞎 Unknown  **Special Education** 🞎 Yes 🞎 No 🞎 Unknown  **Developmental stimulation** 🞎 Yes 🞎 No 🞎 Unknown  **Family support** 🞎 Yes 🞎 No 🞎 Unknown  **Other, specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **5.10. Notes:** | | | | | | |
| **Section 6: Medical Diagnoses** | | | | | | |
| **6.1**. **Diagnoses**  **Gastroesophageal (GE) reflux** 🞎 Yes 🞎 No 🞎 Unknown  **Seizures/epilepsy** 🞎 Yes 🞎 No 🞎 Unknown  **Pneumonia**  🞎 Yes 🞎 No 🞎 Unknown  **Other respiratory illness** 🞎 Yes 🞎 No 🞎 Unknown  **Hydrocephalus requiring shunt** 🞎 Yes 🞎 No 🞎 Unknown  **Feeding difficulties requiring nasogastric tube or gastrostomy tube** 🞎 Yes 🞎 No 🞎 Unknown  **Developmental dysplasia of hips** 🞎 Yes 🞎 No 🞎 Unknown  ***List other diagnoses below****:*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **6.2. Date diagnosed** | **6.3. Information Source** | | | |
| Medical record | | Baby book | Other |
| *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 |
| **Section 7: Medical Procedures (Including Surgeries)** | | | | | | |
| **How many procedures?** 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 🞎 6 🞎 More than 6 | | | | | | |
| **ENTRY 1, SECTION 7**  **7.1. Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.2. Date at time of procedure** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **7.3. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **7.4. 🞎 Inpatient 🞎 Outpatient**  **7.5.** ***Please describe below:*** | | | | | | |
| **ENTRY 2, SECTION 7**  **7.6. Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.7. Date at time of procedure** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **7.8. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **7.9. 🞎 Inpatient 🞎 Outpatient**  **7.10.** ***Please describe below:*** | | | | | | |
| **ENTRY 3, SECTION 7**  **7.11. Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.12. Date at time of procedure** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **7.13. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **7.14. 🞎 Inpatient 🞎 Outpatient**  **7.15.** ***Please describe below:*** | | | | | | |
| **ENTRY 4, SECTION 7**  **7.16. Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.17. Date at time of procedure** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **7.18. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **7.19. 🞎 Inpatient 🞎 Outpatient**  **7.20.** ***Please describe below:*** | | | | | | |
| **ENTRY 5, SECTION 7**  **7.21. Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.22. Date at time of procedure** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **7.23. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **7.24. 🞎 Inpatient 🞎 Outpatient**  **7.25.** ***Please describe below:*** | | | | | | |
| **ENTRY 6, SECTION 7**  **7.26. Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.27**. **Date at time of procedure** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **7.28. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **7.29. 🞎 Inpatient 🞎 Outpatient**  **7.30.** ***Please describe below:*** | | | | | | |
| **Section 8: Hospitalizations** | | | | | | |
| **How many hospitalizations?** 🞎 0 🞎 1 🞎 2 🞎3 🞎 More than 3 | | | | | | |
| **ENTRY 1, SECTION 8**  **8.1. Reason for hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **8.2. Date of hospitalization** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **8.3. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **8.4. Length of hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(weeks, days)*  **8.5. *Please describe additional pertinent details below****:* | | | | | | |
| **ENTRY 2, SECTION 8**  **8.6. Reason for hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **8.7. Date of hospitalization** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **8.8. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **8.9. Length of hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(weeks, days)*  **8.10. *Please describe additional pertinent details below:*** | | | | | | |
| **ENTRY 3, SECTION 8**  **8.11. Reason for hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **8.12. Date of hospitalization** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **8.13. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **8.14. Length of hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(weeks, days)*  **8.15. *Please describe additional pertinent details below:*** | | | | | | |
| **Section 9: Medications** | | | | | | |
| **How many medications?** 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 🞎 6 🞎 7 🞎 8 🞎 9 🞎 10 🞎 More than 10 | | | | | | |
| **ENTRY 1, SECTION 9**  **9.1. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.2.** **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.3. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.4. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.5. Reason prescribed, if clearly noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.6. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 2, SECTION 9**  **9.7. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.8.** **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.9. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.10. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.11. Reason prescribed, if clearly noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.12. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 3, SECTION 9**  **9.13. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.14.** **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.15.** **Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.16. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.17. Reason prescribed, if clearly noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.18. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 4, SECTION 9**  **9.19. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.20**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.21. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.22. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.23. Reason prescribed, if clearly noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.24. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 5, SECTION 9**  **9.25.****Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.26**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.27. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.28. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.29. Reason prescribed, if clearly noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.30. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 6, SECTION 9**  **9.31.****Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.32**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.33. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.34. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.35. Reason prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.36. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 7, SECTION 9**  **9.37. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.39**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.40. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.40. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.41. Reason prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.42. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 8, SECTION 9**  **9.43. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.44**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.45. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.46. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.47. Reason prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.48. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 9, SECTION 9**  **9.49. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.50**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.51. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.52. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.53. Reason prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.54. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **ENTRY 10, SECTION 9**  **9.55. Name of medication**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **9.56**. **Date prescribed** *Date:* *\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  **9.57. Information source**  🞎 Medical record 🞎 Baby book 🞎 Other  **9.58. Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.59. Reason prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.60. Currently taking?** 🞎 Yes 🞎 No 🞎 Unknown | | | | | | |
| **Section 10: Additional Notes** | | | | | | |
| **NOTES** | | | | **SOURCE** | | |
| ***END OF FORM*** | | | | | | |