| **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*** |