



CHDResources.org

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 (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)

