

Offspring Medical Services During the First Year of Life

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| Patient ID: | Treating Clinic: | Today's date: |
| Number of Pediatric Visits during the child's first year of life: | | |
| Number of Visits to the Metabolic Center for child follow-up: | | |
| Number of days of in-patient hospitalization: | If in-patient services were used, enter the Name of Hospital: City of Hospital: | |
| Other medical services obtained: (include surgeries, diagnostic work-ups, etc.) | | |
| Other developmental or outside health services. Enter the number of times each service was used during the infant's first year of life. If additional services were used, fill-in up to three services' names and the number of times each service was used. | | |
| Service | # times | |
| Visiting Nurse | | |
| Early Intervention | | |
| Home Health Aide | | |
| Other (A) | | |
| Other (B) | | |
| Other (C) | | |