

RISK ASSESSMENT FORM

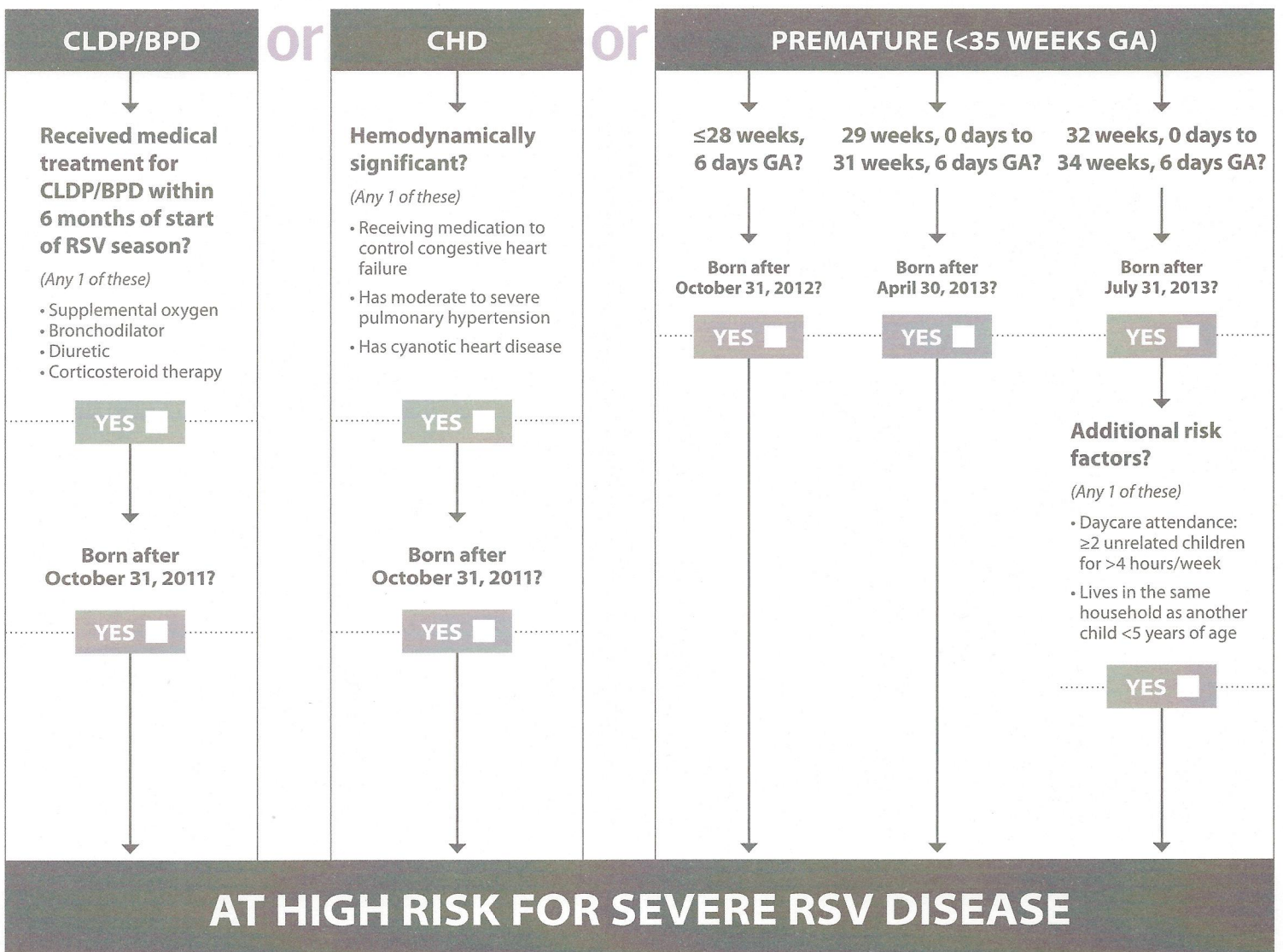
2013-2014 RSV SEASON
NOVEMBER START

ID
ANY
OF 3

Use this flowchart to help determine if this patient is in **any of these 3** patient groups, and therefore at high risk for severe RSV disease.

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Gestational Age (GA): _____ weeks _____ days Birth Weight (kg/lb): _____



RSV = respiratory syncytial virus; CLDP/BPD = chronic lung disease of prematurity/bronchopulmonary dysplasia; CHD = congenital heart disease.

CONFIDENTIAL: This form is intended for internal office use only. This form may contain individually identifiable health information and is therefore subject to all applicable privacy laws and regulations.

This form is intended for use in assessing children for risk of acquiring severe RSV disease. This form has been provided as a guide only and is not intended to be a substitute or an influence on the independent medical judgment of the healthcare professional. If evaluating in the off-season, assess risk factors again at the beginning of the RSV season as the presence of risk factors may change.

References available upon request.