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| **Event Diary** | | | | | | |
| Child / Adolescent: | |  | | | Date of Birth: |  |
| **TIP: Capturing future events on video can be helpful for the treating Doctor. Video event IF child is safe.** | | | | | | |
| **Date** | **Month 1** | **Month 2** | **Month 3** | **Other Information** | | |
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| **Event Type** | | **Description** | | | | |
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| B | |  | | | | |