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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 |  |