

PEDIATRIC GASTROENTEROLOGY FOLLOW-UP

Patient Name:	_					
Primary Doctor:			 			
Is this a new problem? No	Yes Apr	oblem for whic	ch you have alread	y been seen by	us? No Yes	
In a few words, state the na	ature of the	problem:		- Aller and a second a second and a second a		
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and the state of t			***************************************			

Since your last visit has the	re been an	y important int	erim medical histo	ory (surgery, ho	spitalization)?	
Since your last visit have the deaths)					, remarriage, graduation,	
Please circle the patient's current GI		 related symptoms: (circle all that apple Growth delay 			dominal nain	
Infrequent stools Hard stools		Weight loss			Abdominal pain Vomiting	
Too frequent stools		Poor weight gain			Flatulence (gas)	
Too loose stools		Poor feeding			Burping/hiccoughs	
Blood in the stool (or on toilet		Regurgitation/spit up			Bad breath (halitosis)	
paper)		Heartburn			Abdominal distention/bloating	
Stool accidents		Nausea			tability	
Rectal pain/rectal itching		Chest disco	mfort		essive crying	
Loss of appetite		Swallowing difficulty		LAC	essive crying	
LOSS OF appetite		Swallowing	, annically			
Medication Do	Dose/fr	equency	Date starte	d	For what condition	
	_					

od Allergies: Current	Past	Past	
ecial Diet (vegetarian/vegan,etc)			
	REVIEW OF SYSTEMS		
	Please circle all that apply		
General	5. Cardiovascular	9. Endocrine Diabetes	
ever	Palpitations	Thyroid problems	
Veight loss	Shortness of breath at rest	Menstruation problems	
Veight gain	Shortness of breath on exertion		
ifficulty sleeping	Chest pain (not heartburn)	10. Hematologic	
atigue	Fainting		
oss of appetite		Anemia/low iron	
	6. Skin	Bleeding problems	
Eyes		Bruising	
	Rash		
iange in vision	Bruising	11. Neurologic	
urry vision	Itching		
e discharge	Hair loss	Headaches	
		Dizziness	
Ear, Nose Throat		Fainting	
	7. Genitourinary	Learning difficulties	
nusitis			
parseness	Urinary incontinency (accidents)	12. Psychiatric	
outh Sores	Bedwetting	_	
equent cavities	Burning with urination	Depression/bipolar	
namel loss	Urgency to urinate	Anxiety/mood change	
eep apnea		Eating disorder	
	8. Musculoskeletal	Obsessive compulsive	
Respiratory		Psych hospitalization	
an at the	Arthritis	Suicide attempt	
nronic cough	Joint pain		
heezing	Bone pain	13. Allergy/immunology	
oup	Muscle pain		
	Back pain	Food allergy	
there anything else that you lnk we should		Seasonal Allergy	