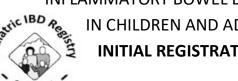
Automated, individual related data of the health insurance



INFL	AMMATORY BOWEL DISEASE (IBD
IC IBD A	IN CHILDREN AND ADOLESCENTS
CIBD Registry	INITIAL REGISTRATION FORM
Sxort	
	Outpotient deportment
	Outpatient department:
	Date of visit:
Date of	birth - Child:

			Prese	Date of visit				
Informed consent:	Date of birth - Child:							
Gender: Omale Ofemale Date of birth - Mother:		Zip Code: Height: cm Height: cm (Father) cm						
Diagnosis								
○ Crohn`s disease ○ Ulcerativ		e colitis Ounclassified IBD						
Medical History								
Weight: , kg Heig Occurrence of first symptoms				diagnosis, if av	railable)			
Symptomatology until diagnosis: Extraintestinal symptoms: None						None		
Symptomatology until diagnosis. Extra antestinal symptoms. Skin Skin Liver/Bile tracts/Pancreas, especially PSC Joints: Inflammation Joints: Pains Spinal column Spinal column Other: Other:								
Date of Diagnosis:								
	O Practice							
Number of biological siblings:	Brot	hers:		Twins	5? □			
IBD in the family: ○ no		Mother	Father	Siblings	2 nd Grade			
(only biological relatives!)	Crohn`s disease							
	Ulcerative colities	S						

(Version 06/18)

Date of Completion: Signature: