

Automated,  
individual related data  
of the health insurance



INFLAMMATORY BOWEL DISEASE (IBD)  
IN CHILDREN AND ADOLESCENTS  
**INITIAL REGISTRATION FORM**

Outpatient department:

Date of visit:   
Presentation of the patient

Informed consent:  yes  no Date of birth - Child:

Gender:  male  female Zip Code:   
Date of birth - Mother:  Height: ,  cm (Mother) Height: ,  cm (Father)

**Diagnosis**

Crohn`s disease  Ulcerative colitis  Unclassified IBD

**Medical History**

Weight: ,  kg Height: ,  cm ( At the date of the diagnosis, if available )

Occurrence of first symptoms:  /  (Month/Year)

**Symptomatology until diagnosis:**

- Visible fecal blood
- Diarrhea
- Abdominal aches
- Weight loss/stagnation
- Growth retardation
- Pyrexia
- Other: \_\_\_\_\_
- Anemia
- Poor performance
- Perianal fistula
- Other fistulae
- Perianal lesion
- Loss of appetite

**Extraintestinal symptoms:**

- Eyes
- Skin
- Liver/Bile tracts/Pancreas, especially
- Joints: Inflammation
- Spinal column
- Other: \_\_\_\_\_
- Pyrexia >38.5°C > 3 days
- Joints: Pains
- PSC

None

Date of Diagnosis:  /  (Month/Year)

Diagnosis by:  Pediatric gastroenterologist  Internist / general practitioner  
 Another pediatrician  Pediatric surgeon / Surgeon  
 Gastroenterologist for adults

Diagnosis at:  Own clinic  Practice  Another clinic

Number of biological siblings: Sisters:  Brothers:  Twins?

IBD in the family:  no  
(only biological relatives!)

	Mother	Father	Siblings	2 <sup>nd</sup> Grade
Crohn`s disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

(Version 06/18)

Date of Completion: **Signature:**