

INFLAMMATORY BOWEL DISEASES (IBD)  
IN CHILDREN AND ADOLESCENTS

DOCUMENTATION FORM



Automated,  
individual related data  
of the health insurance



Date of visit  
- actual -

--	--	--	--	--	--	--	--	--	--

Date of  
previous visit

--	--	--	--	--	--	--	--	--	--

Base data	<b>Examination</b>	<b>Occasion</b>	<b>Diagnosis</b>	<b>Change</b> <input type="checkbox"/>	<b>Height</b> [cm] <input type="text"/> , <input type="text"/> <b>Weight</b> [kg] <input type="text"/> , <input type="text"/>	<b>Bone Age</b>	
	<input type="radio"/> ambulatory <input type="radio"/> stationary <input type="checkbox"/> other chronic diseases	<input type="radio"/> planned <input type="radio"/> acute	<input type="radio"/> Crohn's disease <input type="radio"/> Ulcerative Colitis <input type="radio"/> Unclassified IBD			<input type="text"/> , <input type="text"/> Years <input type="text"/> / <input type="text"/> Inquiry date (month/year)	
Clinical history	<b>State of health</b>	<b>Appetite</b>	<b>Daily activity</b>	<b>Stool</b>	<b>Number</b> <input type="text"/> /day <input type="text"/> /night	<b>Stomach Pains</b>	
	<input type="radio"/> very good <input type="radio"/> good <input type="radio"/> mediocre <input type="radio"/> bad <input type="radio"/> very bad	<input type="radio"/> good <input type="radio"/> moderate <input type="radio"/> bad	<b>Restrictions</b> <input type="radio"/> none <input type="radio"/> few <input type="radio"/> significant <b>Absence from school</b> <input type="text"/> days	<b>Consistency</b> <input type="radio"/> shaped <input type="radio"/> pulpy <input type="radio"/> liquid		<b>Fecal Blood</b> <input type="radio"/> never <input type="radio"/> occasionally, few <input type="radio"/> mostly, few <input type="radio"/> many	<input type="radio"/> none <input type="radio"/> slight <input type="radio"/> moderate <input type="radio"/> heavy <input type="checkbox"/> overnight
Examination	<b>Abdominal findings</b>	<b>Anal findings</b>	<b>Extraintestinal symptoms</b>		<b>Involvement a of lips / mouth</b>		
	<input type="radio"/> inconspicuous <input type="checkbox"/> pressure pain <input type="checkbox"/> resistance <input type="checkbox"/> muscular defense <input type="checkbox"/> stoma	<input type="radio"/> skin tags without irritation <input type="radio"/> rhagades/fissures <input type="radio"/> inactive fistula <input type="radio"/> secreting fistula/abscess inflamming Induration <input type="checkbox"/> perianal eczema	<input type="radio"/> none <input type="checkbox"/> eyes <input type="checkbox"/> pyrexia >38.5°C > 3 days <input type="checkbox"/> skin <input type="checkbox"/> spine column <input type="checkbox"/> liver / bile tracts / pancreas <input type="checkbox"/> other: _____		<input type="radio"/> no <input type="radio"/> yes <input type="checkbox"/> joints: pains <input type="checkbox"/> joints: inflammation <input type="checkbox"/> PSC		
<b>Puberty (Tanner scale)</b>		<b>PH</b> <input type="checkbox"/> (1-5)	<b>B</b> <input type="checkbox"/> (1-5)	<b>Testicular volume</b> <input type="text"/> ml	<b>Menarche</b> <input type="radio"/> no <input type="radio"/> yes	<input type="text"/> (Year)	
Laboratory results	hemoglobin <input type="text"/> <input type="radio"/> mmol/l <input type="radio"/> g/dl	CRP <input type="text"/> <input type="radio"/> mg/l <input type="radio"/> mg/dl	Lipase <input type="text"/> <input type="radio"/> μmol/l*s <input type="radio"/> U/l	Calprotectin <input type="text"/> <input type="radio"/> mg/kg <input type="radio"/> mg/l			
	hematocrit <input type="text"/> <input type="radio"/> %	ESR <input type="text"/> <input type="radio"/> mm/h <input type="radio"/> mm/min	MCV <input type="text"/> <input type="radio"/> fl <input type="radio"/> μm <sup>3</sup>	Lactoferrin <input type="text"/> <input type="radio"/> mg/kg <input type="radio"/> mg/l			
	thrombocytes <input type="text"/> <input type="radio"/> Gpt/l <input type="radio"/> 1/μl	ALAT (GPT) <input type="text"/> <input type="radio"/> μmol/l*s <input type="radio"/> U/l	Albumin i.S. <input type="text"/> <input type="radio"/> g/l <input type="radio"/> g/dl	<b>Urinalysis</b>			
	leukocytes <input type="text"/> <input type="radio"/> Gpt/l <input type="radio"/> 1/μl	Gamma-GT <input type="text"/> <input type="radio"/> μmol/l*s <input type="radio"/> U/l	Creatinin i.S. <input type="text"/> <input type="radio"/> μmol/l <input type="radio"/> mg/dl	<input type="radio"/> not perf. <input type="checkbox"/> Proteinuria <input type="radio"/> inconvsp. <input type="checkbox"/> Hematuria			
Instrumental Diagnosis	<input type="radio"/> none <input type="checkbox"/> ileocolonoscopy <input type="checkbox"/> X-ray-Sellink <input type="checkbox"/> MRI pelvic region <input type="checkbox"/> CT abdomen				<b>Complications / Surgery</b> <input type="radio"/> none		
	<input type="checkbox"/> esophagogastroduodenoscopy <input type="checkbox"/> coloscopy <input type="checkbox"/> MRI bowel <input type="checkbox"/> histology				<input type="checkbox"/> perianal fistula <input type="checkbox"/> misc. fistula <input type="checkbox"/> perianal abszess <input type="checkbox"/> misc. abszess <input type="checkbox"/> intraabdom. absz. <input type="checkbox"/> Stenosis <input type="checkbox"/> other: _____ <input type="checkbox"/> OP: _____ Date		
Location	<input type="checkbox"/> inconspicuous <input type="checkbox"/> no changes <input type="checkbox"/> no new information						
	<input type="checkbox"/> esophagus <input type="checkbox"/> stomach <input type="checkbox"/> duodenum	<input type="checkbox"/> remaining small intestine <input type="checkbox"/> terminal ileum <input type="checkbox"/> cecum	<input type="checkbox"/> colon asc. <input type="checkbox"/> colon trans. <input type="checkbox"/> colon desc.	<input type="checkbox"/> sigmoideum <input type="checkbox"/> rectum <input type="checkbox"/> pouch			
Therapy	<input type="radio"/> no therapy					<b>presentation at ophthalmologist since last visit</b>	<b>Psychosocial Therapy</b>
	<b>Oral</b>	SASP (Sulfasalazin) <input type="text"/>	Budesonid <input type="text"/>			<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
		5-ASA (Mesalazin) <input type="text"/>	<input type="radio"/> Azathioprin <input type="radio"/> 6-MP <input type="text"/>			<b>Undocumented visits since last documented presentation</b>	
	Corticosteroids <input type="radio"/> i.v. <input type="radio"/> p.o. <input type="text"/>		meantime steroid therapy since last documentation <input type="radio"/> no <input type="radio"/> yes		<input type="text"/> (Number of visits)		
	<b>Nutrition therapy</b>	<input type="checkbox"/> exclusive <input type="radio"/> p.o. <input type="radio"/> p.tube. <input type="checkbox"/> nocturnal tube feeding <input type="checkbox"/> caloric supplementation <input type="checkbox"/> product: _____				<b>Informed consent: available</b> <input type="radio"/> yes	
<b>Re-ctal</b>	<input type="checkbox"/> 5-ASA (Mesalazin) <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Budesonid				<b>Medical overall assessment</b>		
<b>other</b>	<input type="checkbox"/> Methotrexat <input type="checkbox"/> Antibiotics <input type="checkbox"/> Complementary medicine <input type="checkbox"/> Cyclosporin A <input type="checkbox"/> Probiotics <input type="checkbox"/> Calcium/Vitamine D <input type="checkbox"/> Iron <input type="checkbox"/> Infliximab <input type="checkbox"/> Antracid <input type="checkbox"/> other: _____ <input type="checkbox"/> Vit./trace elem.				<input type="radio"/> Remission <input type="radio"/> Light activity <input type="radio"/> Moderate activity <input type="radio"/> Heavy activity		
<b>Adverse reaction to therapy</b> <input type="radio"/> none <input type="radio"/> yes: _____							

Outpatient department

Signature: