### Swedish Pediatric Gastroenterology Intake Form (Age 2 and up)

**Patient’s MAIN Symptom**

| Symptom duration | ☐ ___ days ☐ ___ weeks ☐ ___ months ☐ ___ years |
| Symptom location |
| Symptom frequency | ☐ Occasional ☐ Frequent ☐ All the time |
| Most frequent time of day | ☐ Random ☐ After food ☐ Upon waking ☐ Evening ☐ Overnight ☐ School ☐ Other: ________ |
| Symptom interferes with | ☐ School ☐ Sleep ☐ Meals ☐ Play |
| Symptom worsened by | ☐ Dairy ☐ Sweet food ☐ Meals ☐ Lying down ☐ Activity ☐ Other: ________ |
| Symptom improved by | ☐ Food ☐ Rest ☐ Bowel movements ☐ Medication: ________ ☐ Other: ________ |
| Food eliminations tried |

### Other Complaints

- ☐ Abdominal pain
- ☐ Nausea
- ☐ Vomiting
- ☐ Retching/dry heaving
- ☐ Excessive belching
- ☐ Excessive spitups
- ☐ Abdominal bloating
- ☐ Chest pain
- ☐ Heartburn
- ☐ Anxiety, low mood, or excessive stress
- ☐ Diarrhea
- ☐ Constipation
- ☐ Blood in the stool
- ☐ Mucus in the stool
- ☐ Painful stools
- ☐ Painful urination
- ☐ Stool leakage
- ☐ Urinary leakage
- ☐ Urgent stools
- ☐ White/pale stools
- ☐ Weight loss ______(lb)
- ☐ Fevers
- ☐ Joint pain/swelling
- ☐ Rashes
- ☐ Sick family members
- ☐ Reactions to food
- ☐ Bloating
- ☐ Excessive crying
- ☐ Yellow skin or eyes
- ☐ Trouble swallowing food

### Current Medications

- ☐ In school: Level_______
- ☐ Siblings: Ages____________________

#### Parent 1
- Name____________________
- Occupation____________________

#### Parent 2
- Name____________________
- Occupation____________________

- ☐ Parents live together?
- ☐ Recent travel to undeveloped country

### For office use

- Wt.  
- Ht.  
- Temp.  
- HR  
- BP  

Oct. 2015