Supplemental Figure 2

Cincinnati Children's Hospital Medical Center

Inflammatory Bowel Disease
Outpatient Clinic Note – Physician

Diagnosis
- ☐ Ulcerative Colitis
- ☐ Crohn's Disease
- ☐ Indeterminate Colitis

Changed since last visit

Diagnosis: ☐ No ☐ Yes
Extent of disease: ☐ No ☐ Yes
Crohn's phenotype: ☐ No ☐ Yes

If yes, document on significant event record*

Nutrition/Growth

Wt_____kg_____percentile HT_____cm_____percentile
BMI _____ _____percentile HT velocity_____cm/yr
O_2 SAT_____ T_____°C ☐ Oral ☐ Rectal ☐ Axillary_____
☐ Electronic ☐ Manual BP_____ _____
HR_____ RR_____

Cuff		Position	Location	Activity
☐ Neonate	☐ Adult Small	☐ Sit	☐ R Arm	☐ Quiet
☐ Infant	☐ Adult Medium	☐ Stand	☐ L Arm	☐ Cry
☐ Child	☐ Adult Large	☐ Supine	☐ _____	☐ _____
☐ Thigh		☐ Held	☐ _____	

Signature/Credentials

INTERVAL HISTORY

Since last visit

Hospitalized: ☐ No ☐ Yes If yes, document*

Surgery: ☐ No ☐ Yes If yes, document*
Diagnostic studies: ☐ No ☐ Yes
If yes, check all that apply: ☐ Diagnostic imaging ☐ EGD ☐ Colonoscopy ☐ Sigmoidoscopy ☐ Capsule Endoscopy

- ☐ Reviewed patient/family form
- ☐ Reviewed phone calls
- ☐ Reviewed labs/studies

Clinical course for the last 6-12 months (check one) ☐ Patient followed for < 6 months

☐ Quiescent (continuously asymptomatic) ☐ Mild symptoms (no steroids) ☐ Exacerbations and remissions ☐ Chronically active (moderate or severe)

Comments:

Review of Systems

PHYSICAL EXAMINATION

Growth: ☐ < 1 channel decrease ☐ ≥1, < 2 channel decrease ☐ ≥ 2 channel decrease
Tanner Stage: ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV ☐ Stage V ☐ N/A

Abdominal mass: ☐ None ☐ Questionable ☐ Definite ☐ Definite & Tender
Abdominal tenderness: ☐ No ☐ Yes
Perianal disease: ☐ No ☐ Yes ☐ N/A
If yes, check all that apply: ☐ Asymptomatic tags ☐ Inflamed tags ☐ Fissures ☐ Indolent fistula ☐ Active fistula ☐ Abscess

Extraintestinal manifestations (currently): ☐ No ☐ Yes
If yes, check all that apply:
☐ Fever > 38.5 for 3 days in the past week ☐ Aphthous ulcers ☐ Arthritis
☐ Uveitis ☐ Erythema nodosum ☐ Pyoderma gangrenosum ☐ Renal stones ☐ Arthralgia
☐ PSC ☐ Other (Specify:_____

Constitutional	☐ Normal	☐ Abnormal	☐ N/A	Cardiovascular	☐ Normal	☐ Abnormal	☐ N/A
HEENT	☐ Normal	☐ Abnormal	☐ N/A	Gastrointestinal	☐ Normal	☐ Abnormal	☐ N/A
Lymphatics	☐ Normal	☐ Abnormal	☐ N/A	Rectal Exam	☐ Normal	☐ Abnormal	☐ N/A
Respiratory	☐ Normal	☐ Abnormal	☐ N/A	Neurologic	☐ Normal	☐ Abnormal	☐ N/A
GU	☐ Normal	☐ Abnormal	☐ N/A				

Comment if abnormal:

Original – CCHMC Record Yellow – GI Record

K1165
HIC 06/07

N/A- Not Assessed

DTK1165

Physician Global Assessment
Disease Activity ☐ Quiescent ☐ Mild ☐ Moderate ☐ Severe

Comments:

Patients on immunomodulators/infliximab (☐ steroid-dependent ☐ steroid resistant ☐ physician global assessment of moderate/severe)

Prescribed			Following Guideline		If not following guideline, check reason
Mercaptopurine/azathioprine	☐ No	☐ Yes	☐ No	☐ Yes	☐ Lack of/loss or response
Methotrexate	☐ No	☐ Yes	☐ No	☐ Yes	☐ Adverse reaction
Infliximab	☐ No	☐ Yes	☐ No	☐ Yes	☐ TPMT status
					☐ Physician preference
					☐ Patient/family preference
					☐ Adherence
					☐ Other (specify): _____

Plan **Comments:** _____

☐ Labs/Diagnostic studies (see order sheet) _____

☐ Nutritional counseling _____

☐ Medication changes (see MRF) _____

☐ Psychology referral _____

☐ Social services referral _____

☐ Other: _____

Annuals
Dexa ☐ No ☐ Yes
Eye Exam ☐ No ☐ Yes
Thyroid studies ☐ No ☐ Yes
Flu vaccination ☐ No ☐ Yes

I have personally participated in the ☐ history, ☐ exam and ☐ medical decision making for this patient.

☐ I agree with the findings as documented above and have discussed them with the patient/family.

Patient information form reviewed with the family: ☐ Yes ☐ No

Time spent in counseling and/or coordination of care _____

Total time spent with patient _____

Resident Signature/Credentials Attending Signature/Credentials Date

Original – CCHMC Record Yellow – GI Record

N/A- Not Assessed