



Advanced Pediatric Gastroenterology



Birth history

Gestational age:

Preterm (calendar) weeks:

Borderline term:

Term:

What was birth weight :

When did he passed Meconium within hours, days (date calendar):

When did he passed urine within hours, days (date calendar):

Antenatal problem present/ absent:

Perinatal course:

normal

Abnormal, if yes describe:

Was on antibiotic?

Why?

Was on TPN (date calendar) yes or no?

If yes, how long?

Has central line placed ,) yes or no?

If yes, how long?

Was on ventilator,) yes or no?

If yes how long?

Jaundice, yes or no?

How long (calendar)?

Treatment given for jaundice:

Phototherapy:

Stopping of breast milk temporarily:

Formula started after birth:

Breast milk?

Formula?

Type of formula:

1. Similac
2. Enfamil
3. Soy
4. Elecare
5. Pregistamil
6. Nutramgen
7. Neocate
8. Carnation

How much does he/she eat?

Formula intolerance: yes or n

Growth and development normal/ abnormal:

Weight gain adequate/ inadequate:

Issues with spitting up yes or no

Stooling frequency: (number chart) times per day

Problem with stooling started at (number) month or year: