Chronic Constipation Evaluation

Parents Concerns:

Age of onset:
Events correlated with onset:

Current stool pattern – frequency:

Current stool pattern – character:

Check if patient has experienced
  o Encopresis
  o Holding Behaviors
  o Pain
  o Bleeding
  o Peri-rectal irritation
  o Bathroom aversions
  o Rescues with enemas
  o ER visits
  o Socially impacting accidents
  o Accidents at night
  o Enuresis
  o Urinary tract infection
  o Change in bladder function
  o Change in gait/walking
  o Extremely large stools
  o Pencil like stools
  o Suspected or known sexual abuse
  o Growth concerns
  o Chronic respiratory concerns

What has been tried and what was the impact:

Past Medical History:

Med Allergies
Current Medications

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Have there been any difficulties getting the child to take medications?  _ Yes  _ No

Immunizations:
  o  Deficient
  o  UTD by report
  o  UTD by record
  o  Declined

Family History (include GI disorders, Constipation, Celiac Disease, Thyroid Disorders, Spina bifida)
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Social History
  Lives with ___________________________________________

  Who gives medication ____________________________________

  Family stressors
________________________________________________________________________
________________________________________________________________________

  School setting
________________________________________________________________________
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  Health care funding
________________________________________________________________________

Review of systems: (See Parent Completed ROS Form)
Other Behavioral/Developmental/Emotional concerns
________________________________________________________________________
________________________________________________________________________
Physical Examination

Wt___________________  Ht __________________

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**Assessment (check all that apply)**

- Chronic Constipation
- Encorpsis
- Not constipated/toilet avoidance (expect if child has daily soft accidents)
- Failed Treatment Attempts
- R/O Hisrshpruns (delayed meconium, early onset, pencils stools)
- R/O Hypothyroidism (poor linear growth)
- R/O Celiac Disease (FTT, bloating, family history, trisomy 21)
- R/O Spinal Cord Lesion (midline lesion, bladder changes, gait abnormal, LE neuro exam abnormal)
- R/O CF (FTT, fatty stools, chronic respiratory issues, family history)
- Constipating Diet (high milk)
- Constipating Diet (low fiber)
- Perpetuating Peri-rectal Lesions
- Stool Holding
- Emotional Concerns
- Behavioral/Learning Concerns
- Medication Noncompliance
- Other Health Concern

**Further Evaluation (if indicated (rarely), check all that apply)**

- KUB
- Sweat Chloride
- Celiac Reflexive Panel
- Un-prepped Barium Enema
- MRI of spinal cord
- GI consultation
- Iron studies (high milk diet and less than age 3)
- Other:

**Additional Information**

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