Dietary Intervention Study In Children
Child Medical Information Follow-up Form

Office Use Only

ID ___-___ ___ ___ ___-___

NC ___ ___ ___ ___ ___ ___

VN ___ ___ ___ ___

1. What is today's date? ..... _____-_____-_____
Month Day Year

2. What is your relationship to your child? (Mark one answer)

Mother or father ..... ☐ 1

Step-mother or step-father ..... ☐ 2

Legal guardian other than parent ..... ☐ 3

Other relationship ..... ☐ 4

(What is this relationship?)

_____
Relationship

3. Has a doctor told you in the LAST 12 MONTHS that your child has any of the following medical conditions?

		1 Yes	2 No
A.	Hypothyroidism (or underactive thyroid)	☐ *HYPOTHYRD*	☐
B.	Liver disease (such as jaundice or hepatitis)	☐	☐
C.	Diabetes	☐	☐
D.	Severe long-term intestinal disease (such as colitis requiring long-term medication)	☐	☐
E.	Kidney disease (such as nephrotic syndrome, nephritis or kidney failure)	☐	☐
F.	Hemophilia	☐	☐
G.	Anorexia (extreme undereating leading to weight loss)	☐	☐
H.	Bulimia (binge eating, self-inducted vomiting) ...	☐	☐
I.	Cancer or other serious disease (describe below)	☐ *CANCER*	☐

_____

_____

4. Has your child ever intentionally gained or lost seven pounds or more over a period of two weeks or less during the past year? .....

GAINLOSE

1 Yes	2 No
☐	☐

5. Has your child been admitted to a hospital in the LAST 12 MONTHS? .....

HOSPTLZD

Yes 1 | No 2

If YES, answer Items 5A and 5B.

If NO, skip to Item 6.

A. List dates and reasons for hospitalization(s):

_____

_____

B. Has your child had any operations in in the LAST 12 MONTHS? .....

OPERATNS

If YES, answer Item 5C.

If NO, skip to Item 6.

C. List dates and names of operations:

_____

_____

6. Is your child CURRENTLY taking medications prescribed by a doctor?..... ☐ Yes 1 ☐ No 2

If YES, answer Items 6A-K.

If NO, skip to Item 7.

Does your child take:

		1 Yes	2 No	
A.	Ritalin	☐	☐	*RITALIN*
B.	Phenobarbital	☐	☐	
C.	Dilantin	☐	☐	
D.	Other seizure medications (such as Tegretol and Depakene)	☐	☐	*SEIZMEDS*
E.	Diuretics (such as Lasix, Diuril or Hydrodiuril) .	☐	☐	
F.	Retinoids (such as Acutane)	☐	☐	*RETNOIDS*
G.	Steroids (such as cortisone, cortisol, prednisone, steroids for asthma)	☐	☐	*STEROIDS*
H.	Lipid lowering medications (such as Questran, Colestid or nicotinic acid)	☐	☐	
I.	Thyroid (such as Synthroid)	☐	☐	*THYROID*
J.	Therapeutic iron (such as Fer-in-sol)	☐	☐	
K.	Other medications prescribed by a doctor	☐	☐	*OTHRMEDS*

If YES, list other medications:

_____

_____

_____

Please bring all your child's current medications/ prescriptions to the clinic visit.

7. Has your child taken any medications prescribed by a doctor in the LAST 12 MONTHS? .....

Yes	No
1	2

If YES, answer Items 7A-K.

If NO, skip to Item 8.

Does your child take:

		Yes (1)		No (2)
A.	Ritalin		*RITAL12*	
B.	Phenobarbital			
C.	Dilantin			
D.	Other seizure medications (such as Tegretol and Depakene)		*SEZMED12*	
E.	Diuretics (such as Lasix, Diuril or Hydrodiuril) .			
F.	Retinoids (such as Acutane)		*RETIN12*	
G.	Steroids (such as cortisone, cortisol, prednisone, steroids for asthma)		*STER12*	
H.	Lipid lowering medications (such as Questran, Colestid or nicotinic acid)			
I.	Thyroid (such as Synthroid)		*THYROD12*	
J.	Therapeutic iron (such as Fer-in-sol)		*IRON12*	
K.	Other medications prescribed by a doctor		*OTHMED12*	

If YES, list other medications:

_____

_____

_____

8. Does your child take any medications prescribed by a doctor occasionally which he/she is currently not taking (such as inhalers for asthma or allergies)? ...

☐ Yes 1 ☐ No 2

If YES, list these medications:

_____

_____

_____

9. Does your child usually take vitamins, minerals or diet supplements? .....

VITAMINS

☐ Yes 1 ☐ No 2

If YES, answer Item 10.

If NO, skip to END.

10. What kinds does he/she usually take and how many does he/she usually take each day?

	A. Type/Brand Name of Vitamin, Mineral or Diet Supplement	B. No. Each Day
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

END

Thank you very much for taking the time to complete this questionnaire. Please bring it with you when you bring your child to the DISC Clinical Center.