ChiLDReNLink: PROBE

Form 03 Initial History PROBE

A: VISIT

A2	This form is to be completed by interview with a subject's parent(s) or guardian(s). Please indicate below the primary source(s) of information for this form (check all that apply):	□ Mother □ Father □ Guardian(s) □ Medical Record □ Other, specify: ________________________________

B: HISTORY OF MEDICAL CONSULTATION

B2 Please describe each visit your child has had with a health professional prior to this intake, starting with the earliest (prior to this intake)

2. Infant's age:	3. Type of visit:	4. Primary reasons for visit (check all that apply):	5. Self-Reported Diagnosis:	6. Was jaundice present?
__ __ O days O weeks	O Nurse Visit O Nurse practitioner O Physician assistant O Family practitioner visit O Pediatrician visit O Emergency room visit O Inpatient hospitalization O Pediatric gastroenterologist O Other (specify): __________________	□ Well baby visit □ Jaundice □ Infection □ Failure to thrive □ Feeding difficulties □ Other GI symptoms □ Accident/trauma □ Other (specify): __________________	_____________	O No O Yes
__ __ O days O weeks	O Nurse Visit O Nurse practitioner O Physician assistant O Family practitioner visit O Pediatrician visit O Emergency room visit O Inpatient hospitalization O Pediatric gastroenterologist O Other (specify): __________________	□ Well baby visit □ Jaundice □ Infection □ Failure to thrive □ Feeding difficulties □ Other GI symptoms □ Accident/trauma □ Other (specify): __________________	_____________	O No O Yes
__ __ O days O weeks	O Nurse Visit O Nurse practitioner O Physician assistant O Family practitioner visit O Pediatrician visit O Emergency room visit O Inpatient hospitalization O Pediatric gastroenterologist O Other (specify): __________________	□ Well baby visit □ Jaundice □ Infection □ Failure to thrive □ Feeding difficulties □ Other GI symptoms □ Accident/trauma □ Other (specify): __________________	_____________	O No O Yes

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C: HISTORY OF PRESENT ILLNESS

C1	Has your child been having white or pale stools?	O No → **Done**	O Yes	O Don't Know → **Done**
C2	What was your child's age when this started (white or pale stools)?	___ ___	O days	O weeks of age