ChiLDReNLink: BASIC

Form 24 F/U Medical History BASIC

A: VISIT		
A1	Date of Exam	___ ___ / ___ ___ / ___ ___ ___ ___

B: MEDICAL HISTORY (2)		
B1	Has the subject had any interval medical events or treatments since last research visit?	O No → **go to C1** O Yes
B2a	Ascites	O Occurred O Did not occur → **go to B3a**
B2b	Currently treating for ascites?	O No O Yes
B2c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________
C2d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________
B3a	Hepatopulmonary syndrome	O Occurred O Did not occur → **go to B4a**
B3b	Currently treating for hepatopulmonary syndrome?	O No O Yes

B: MEDICAL HISTORY (2)		
B3c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ______ □ Other (specify): ______ □ Other (specify): ______ □ Other (specify): ______
B3d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ______
B4a	Nutritional supplementation (Ng or TPN)	O Occurred O Did not occur → **go to B5a**
B4b	Currently treating with nutritional supplementation?	O No O Yes
B4c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ______ □ Other (specify): ______ □ Other (specify): ______ □ Other (specify): ______
B4d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ______
B5a	Cholangitis	O Occurred O Did not occur → **go to B6a**
B5b	Number of discrete episodes:	___ ___ ___

B: MEDICAL HISTORY (2)		
B5c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________
B5d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________________________
B6a	Esophageal variceal bleed	O Occurred O Did not occur → **go to B7a**
B6b	Number of discrete episodes:	___ ___ ___
B6c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________
B6d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________________________
B7a	Other GI bleed	O Occurred O Did not occur → **go to B8a**
B7b	Number of discrete episodes:	___ ___ ___

B: MEDICAL HISTORY (2)

B7c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________
B7d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________________________
B8a	Sepsis	O Occurred O Did not occur → **go to B9a**
B8b	Number of discrete episodes:	___ ___ ___
B8c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________ □ Other (specify): ________________________________
B8d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________________________
B9a	Peritonitis	O Occurred O Did not occur → **go to B10a**
B9b	Number of discrete episodes:	___ ___ ___

B: MEDICAL HISTORY (2)		
B9c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ____________ □ Other (specify): ____________ □ Other (specify): ____________ □ Other (specify): ____________
B9d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ____________
B10a	Bone Fracture	O Occurred O Did not occur → **go to B11a**
B10b	Number of discrete episodes:	___ ___ ___
B10c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ____________ □ Other (specify): ____________ □ Other (specify): ____________ □ Other (specify): ____________
B10d	Describe site of bone fracture:	____________
B10e	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ____________
B11a	Did any other events occur during the interval?	O No → **go to C1** O Yes (specify): ____________
B11b	Number of discrete episodes:	___ ___ ___

B: MEDICAL HISTORY (2)

B11c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________
B11d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________
B12a	Did any other events occur during the interval?	O No → **go to C1** O Yes (specify): ________________
B12b	Number of discrete episodes:	___ ___ ___
B12c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________
B12d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________
B13a	Did any other events occur during the interval?	O No → **go to C1** O Yes (specify): ________________
B13b	Number of discrete episodes:	___ ___ ___

B: MEDICAL HISTORY (2)

B13c	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________ □ Other (specify): ________________
B13d	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________

C: INTERVAL MEDICAL EVENTS

C1	Is the subject listed for transplant?	O No → **go to C3** O Yes
C2	If yes, is this a new listing?	O No → **go to C6** O Yes (Complete form 25L)
C3	Was the subject previously listed for transplant?	O No → **go to C6** O Yes
C4	If yes, were they removed from the transplant list since the last visit?	O No → **go to C6** O Yes
C5	If removed, why?	O Improved O Too ill for transplant O Family wishes O Other (specify): ________________
C6	Did the subject have any surgical/endoscopic procedures during the interval since their last visit? If yes, please complete the table below for each procedure.	O No → **go to C8** O Yes

Complete ad hoc eCRF Pre-Transplant Form 41 GI ENDO for any endoscopy completed since the last visit.

C7 Specify:

1cg: Date of procedure	2cg: Type of procedure	3cg: Reason for procedure (diagnosis)
___ ___/ ___ ___/ ___ ___ ___ ___	________________	________________
___ ___/ ___ ___/ ___ ___ ___ ___	________________	________________
___ ___/ ___ ___/ ___ ___ ___ ___	________________	________________
___ ___/ ___ ___/ ___ ___ ___ ___	________________	________________
___ ___/ ___ ___/ ___ ___ ___ ___	________________	________________

C: INTERVAL MEDICAL EVENTS

C8	Does the subject currently take any of the following prescription medications, vitamins/supplements, or therapies?

□ Vitamin A   □ Vitamin D   □ Vitamin E
□ Vitamin K   □ AquADEK   □ Other multivitamin
□ Ursodeoxycholic acid   □ Prophylactic antibiotics for cholangitis
□ Cholestyramine or Welchol   □ Rifampin   □ Lactulose or Neomycin
□ Propranolol or nadolol, specify total daily dose in mg/day: ________________________________
□ Furosemide, specify total daily dose in mg/day: ________________________________
□ Spironolactone, specify total daily dose in mg/day: ________________________________
□ Herbal supplements or remedies, specify: ________________________________
□ Other, specify: ________________________________
□ None