Coeliac Clinic - New patient referral

Please attach patient label here

Clinic Date

Presenting Symptoms

Family History

Allergies

Previous General Anaesthetic Y/N Any Difficulties Y/N

Other physical problems

Height Centile Growth: Satisfactory/Unsatisfactory
Weight Centile Parental Height

Dietary Assessment

Gluten intake Adequate/Inadequate

Bloods taken Y/N Result Normal/Abnormal

tTG antibodies
Full blood count
LFT’s
U+E’s
TFT
PTH
25HCC (vitamin D)
Ferritin
Folate
Coagulation

Medications

Other relevant information

Endoscopy Information Given Y/N

Follow up

Database

Signature Date
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite</td>
<td>Normal  Abnormal</td>
</tr>
<tr>
<td>Energy</td>
<td>Normal  Abnormal</td>
</tr>
<tr>
<td>Abdo pain</td>
<td>none    mild moderate severe</td>
</tr>
<tr>
<td></td>
<td>Non specific epigastric central lower</td>
</tr>
<tr>
<td></td>
<td>Associated with defaecation Y N</td>
</tr>
<tr>
<td></td>
<td>Nocturnal wakening Y N</td>
</tr>
<tr>
<td>Stooling</td>
<td>Freq/day</td>
</tr>
<tr>
<td></td>
<td>Loose soft normal hard</td>
</tr>
<tr>
<td></td>
<td>Flush away Y N</td>
</tr>
<tr>
<td></td>
<td>Blood Y N %</td>
</tr>
<tr>
<td></td>
<td>Perianal pain Y N</td>
</tr>
<tr>
<td></td>
<td>Nocturnal defaecation Y N</td>
</tr>
<tr>
<td>Rectal Prolapse</td>
<td>Y N</td>
</tr>
<tr>
<td>Abdo distension</td>
<td>Y N</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Y N</td>
</tr>
<tr>
<td>- Bilious</td>
<td>Y N</td>
</tr>
<tr>
<td>- Blood</td>
<td>Y N</td>
</tr>
<tr>
<td>Mouth Ulcers</td>
<td>Y N</td>
</tr>
<tr>
<td>Dental problems</td>
<td>Y N</td>
</tr>
<tr>
<td>Skin Problems</td>
<td>Y N</td>
</tr>
<tr>
<td>Bruising</td>
<td>Normal  Abnormal</td>
</tr>
<tr>
<td>Nose Bleeds</td>
<td>N       Infrequent  Frequent</td>
</tr>
<tr>
<td>Menarche</td>
<td>Y N</td>
</tr>
<tr>
<td>Periods</td>
<td>Regular Irregular</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Coeliac Clinic - Follow up clinic

Please attach patient label here

Clinic Date........................................ Type of review: Annual / 6 month / 3 month
Attended with..................................

Height............................................ Centile........................................
Weight............................................ Centile........................................

Symptomatic/Asymptomatic

Abdominal Pain................................. Stool Frequency..............................
Energy Levels.................................... Menarche Y/N
Pubertal Status..................................

Compliance with GFD Good/Variable/Non Compliant
Clinical impression of compliance Good/Variable/Non Compliant

School/Nursery Meals Y/N
Coeliac UK Membership Y/N
Calcium Supplementation Y/N
Medications.................................

Bloods checked: LFT FBC TFT Folate

Follow Up Appointment............................. Database ☐
Dietitian........................................... Date..............................................
Coeliac Clinic - Follow up clinic

Clinic Date

Height ......................................................... Centile .........................................................
Weight ......................................................... Centile .........................................................

Symptomatic/Asymptomatic

Abdominal Pain ........................................... Stool Frequency ...........................................
Menarche .....................................................
Other .........................................................

Dietary Assessment

Compliance with GFD Good/Variable/Non Compliant
Clinical impression of compliance Good/Variable/Non Compliant
School/Nursery Meals Y/N
Coeliac UK Membership: Y/N
Calcium Supplementation Y/N ........................................
Coeliac review bloods checked Y/N
TTG antibodies only Y/N

Comments

Discuss at next MD meeting Y/N

Follow Up Appointment ........................................ Database ☐

Dietitian ......................................................... Date .........................................................