CROHN'S DISEASE



CLIENT NAME:

Submit the Client Information Questionnaire with this form

- 1. Date diagnosed:
- 2. Any blood in stools?
- 3. What type of treatment is client on?
 - a. Diet
 - b. Medication-if so, what? (accurate name, dosage, and reason)
- 4. How often does client have attacks?
- 5. Is condition asymptomatic?
- 6. Does client have any other health problems?

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