

## 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?