

## Chronic Constipation Evaluation

Parents Concerns:

Age of onset:

Events correlated with onset:

Current stool pattern – frequency:

Current stool pattern – character:

Check if patient has experienced

- ☐ Encopresis
- ☐ Holding Behaviors
- ☐ Pain
- ☐ Bleeding
- ☐ Peri-rectal irritation
- ☐ Bathroom aversions
- ☐ Rescues with enemas
- ☐ ER visits
- ☐ Socially impacting accidents
- ☐ Accidents at night
- ☐ Enuresis
- ☐ Urinary tract infection
- ☐ Change in bladder function
- ☐ Change in gait/walking
- ☐ Extremely large stools
- ☐ Pencil like stools
- ☐ Suspected or known sexual abuse
- ☐ Growth concerns
- ☐ Chronic respiratory concerns

What has been tried and what was the impact:

Past Medical History:

Med Allergies

**Name:**

**DOB:**

**MR#**

**Date**

Current Medications

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Have there been any difficulties getting the child to take medications? \_ Yes \_ No

Immunizations:

- ☐ Deficient
- ☐ UTD by report
- ☐ UTD by record
- ☐ Declined

Family History (include GI disorders, Constipation, Celiac Disease, Thyroid Disorders, Spina bifida)

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Social History

Lives with \_\_\_\_\_

Who gives medication \_\_\_\_\_

Family stressors

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School setting

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Health care funding

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Review of systems: (See Parent Completed ROS Form)

Other Behavioral/Developmental/Emotional concerns

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Physical Examination

Wt \_\_\_\_\_ Ht \_\_\_\_\_

	Normal	Abnormal
General		
HEENT		
Lungs		
Heart		
Abdomen		<ul style="list-style-type: none"><li>_ Fecal Mass</li><li>_ Distended</li></ul>
Genital		
Rectal		<ul style="list-style-type: none"><li>_ Abnormal Tone</li><li>_ Peri-rectal Skin Irritation</li><li>_ Fissures</li><li>_ Fecal Impaction</li><li>_ Hemorrhoids</li></ul>
Spine		<ul style="list-style-type: none"><li>_ Midline Defect</li></ul>
Lower Extremity Neurologic		<ul style="list-style-type: none"><li>_ High tone</li><li>_ Increased Reflexes</li><li>_ Babinski</li></ul>
Other		

**Assessment (check all that apply)**

- ☐ Chronic Constipation
- ☐ Encorpesis
- ☐ Not constipated/toilet avoidance (expect if child has daily soft accidents)
- ☐ Failed Treatment Attempts
- ☐ R/O Hirschsprung's (delayed meconium, early onset, pencil stools)
- ☐ R/O Hypothyroidism (poor linear growth)
- ☐ R/O Celiac Disease (FTT, bloating, family history, trisomy 21)
- ☐ R/O Spinal Cord Lesion (midline lesion, bladder changes, gait abnormal, LE neuro exam abnormal)
- ☐ R/O CF (FTT, fatty stools, chronic respiratory issues, family history)
- ☐ Constipating Diet (high milk)
- ☐ Constipating Diet (low fiber)
- ☐ Perpetuating Peri-rectal Lesions \_\_\_\_\_
- ☐ Stool Holding
- ☐ Emotional Concerns \_\_\_\_\_
- ☐ Behavioral/Learning Concerns \_\_\_\_\_
- ☐ Medication Noncompliance
- ☐ Other Health Concern \_\_\_\_\_

**Further Evaluation (if indicated (rarely), check all that apply)**

- ☐ KUB
- ☐ Sweat Chloride
- ☐ Celiac Reflexive Panel
- ☐ Un-prepped Barium Enema
- ☐ MRI of spinal cord
- ☐ GI consultation
- ☐ Iron studies (high milk diet and less than age 3)
- ☐ Other: \_\_\_\_\_

**Additional Information**

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