



Member Name: _____

DOB: _____ Date: _____

Member ID#: _____

In order to process your request in a timely manner, additional information is needed. Please fill in the information below.

1. Number of liquid or very soft stools in one week: _____ total for one week.
2. Sum of several daily abdominal pain ratings: Overall Rating: _____
(0=none. 1=mild. 2=moderate 3=severe.)
3. Sum of several daily ratings of general well-being: Overall Rating: _____
(0=well. 1=slightly below par. 2=poor. 3=very poor. 4=terrible)
4. Symptoms of finding presume related to Crohn's disease. Select each set corresponding to the patients symptoms:
 - Arthritis or Arthralgia
 - Iritis or Uvetis
 - Erythema nodosum; Pyoderma gangrenosum;
Apththous stomatitis
 - Anal Fissure; Fistula or Prirectal abscess
 - Other bowel-related fistula
 - Febrile episode over 100 degrees during past week
5. Is patient taking Lomotil or opiates for diarrhea? Yes No
6. Presence of an abnormal mass? Yes No Questionable?
7. Please provide patients typical _____ and current _____ HCT.
8. Please provide patients standard _____ and current _____ body weight.
(Please specify kg or lbs.)
9. Has the patient taken antibiotics of corticosteroids? _____

