

Demographics PMH

Record ID

Medical Record Number

Name Identifier

(LLL, FM)

Gender

- Male
- Female
- Nonbinary

Date of Birth

Age

(Age at time of chart review; may needs re-calc for age at visit)

Ethnicity

- White or Caucasian
- Black or African-American
- Hispanic-Latino
- Asian or East Asian
- American Indian or Alaska Native
- Central or South America
- Pacific Islander
- Other
- Unknown or Not Reported

Ethnicity Other

Disability

- Yes
- No or Not Reported

Employed

- Yes
- No
- Not Reported

Non-Employment Status

- Spouse or Homemaker
- Retired
- Disabled
- Not Reported
- Other

Employment Other

Partner Status

- Yes - Spouse - Married
- Yes - Unmarried S.O. or Domestic Partner
- No Partner or Not Reported

Demographics notes

(Field note (optional))

Visit Record

CVS consideration? Yes
 No

Status of CVS diagnosis CVS as diagnosis
 CVS possible, undergoing workup
 Strong consideration for CHS
 Multiple Confounding Illnesses
 Comments Note

Comments Note on Dx Status _____

Is Dr. S. Rosen attending to this visit? Yes
 No

Which Visit? Most Recent CVS Visit
 CVS Visit around 2-years prior

Date of Visit - Admission Date _____

Date of Visit - Admission Date _____

Type of Visit Telemedicine
 Office Visit (in person)
 ER to Home
 ER to Admission

ER to Admission LOS _____

(Length of Stay (# days))

Type of Visit Telemedicine
 Office Visit (in person)
 ER to Home
 ER to Admission

ER to Admission LOS _____

(Length of Stay (# days))

Age at onset of symptoms Childhood
 Teen Years
 20's
 30's
 40'
 50's
 60's
 70's +
 notes box

Age at onset, notes _____

Length of Time with CVS Symptoms Now

(age now (-) age at onset)

Time between onset of symptoms and diagnosis

(age at diagnosis (-) age at onset)

Past Medical History

- CVS symptoms as a Child
 - Migraine
 - Irritable Bowel Syndrome (IBS)
 - Inflammatory Bowel Disease (IBD)
 - Chron's Disease
 - Other Bowel Disorders
 - Surgeries, Abdominal
 - Surgeries, Other
 - Other PMI
 - No significant PMI
-

Surgeries, Abdominal

Surgeries, Other

(List Previous Surgeries)

Other Bowel Disorders

(List Other Bowel Disorder History)

Other Past Medical History

(List Other Past Medical History)

Associated with Menses (Catamenial CVS)?

- Yes or Possibly
 - No or Not Reported
(Female Patients Only)
-

Describe Menstrual Association

Psychiatric Diagnoses

- Yes
 - No
-

Comorbid Psychiatric diagnosis

- Depression
 - Anxiety Disorder
 - Suicidal Ideation and/or Suicide Attempt by Hx
 - PTSD (Post Traumatic Stress Disorder)
 - ADHD (Attention Deficit Hyperactivity Disorder)
 - OCD (Obsessive-compulsive disorder)
 - Other
-

Other Psychiatric Issues

Addiction History

- yes
 - no
 - risk for / possible
-

Description

Chemical Addiction - Type

- Early-Age Cannabis Use
 - Possible Alcoholism
 - Nicotine Products
 - Opioids
 - Stimulants
 - Benzodiazepines
 - Other
-

Early Age Cannabis Use Description

(Age of Onset and Current Use Pattern)

Alcohol Use Pattern

(Type and Frequency of Alcohol Consumption)

Nicotine Type

- Cigarettes
 - Vaping
 - Chew Tobacco
 - Cigar Smoking
 - Pipe Smoking
 - Spliff (Marijuana and Tobacco)
 - Other
-

Nicotine Type Other

(Type and Frequency)

Opioids

- Frequent Opioid Prescriptions
 - Street use Oxycodone/Oxycontin
 - Heroin Injection
 - Methadone Program
 - Suboxone Prescription
 - Other
-

Opioids: Other

Stimulant Use

- Prescribed Amphetamines
 - Non-prescribed Methamphetamines
 - Cocaine Use History
 - Other
-

Stimulants: Other

(Type and Use Pattern)

Benzodiazepines Type

- Prescribed Benzodiazepines
- Street Use Benzodiazepines
- Other

Benzodiazepine Use Other

Addiction Type - other

Past Family History

- Family History of CVS
- Family History of Migraine
- None or Not Reported

Family History of CVS

(Relation)

Family History of Migraine

(Relation)

Cannabis Use

- Yes
- No
- Unknown / Not Recorded

Cannabis Use Description

(Describe Use Pattern)

Cannabis Hyperemesis Syndrome?

- Yes
- Possible / Considered
- No or Unlikely

CHS Consideration - Notes

Cannabis Use

- Yes
- No
- Unknown / Not Recorded

Cannabis Use Description

(Describe Use Pattern)

 Medication List This Visit

 (Include Existing and New Meds this visit (discard discontinued meds))

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 (Include Existing and New Meds this visit (discard discontinued meds))

Medications Noted as Active for this Visit

- Analgesic, Opioid (codeine, hydrocodone, hydromorphone, morphine, tramadol)
- Analgesic, non-narcotic (acetaminophen, NSAIDs)
- Antiacids & PPI (calcium carbonate, esomeprazole, famotidine, Nexium, omeprazole, ranitidine)
- Anticonstipative / Antiflatulent (linaclotide / simethicone)
- Anticonvulsant (Topamax, gabapentin, zonisamide, levetiracetam/Keppra, Depakote, Lamotrigine)
- Anticholinergic (hyoscyamine, dicyclomine, diphenhydramine, hydroxyzine)
- Antidepressant, Non-TCA (citalopram, fluoxetine, mirtazapine, sertraline, SSRI's, SNRI's, Wellbutrin, Trazodone, venlafaxine, Wellbutrin)
- Antidepressant, Tricyclic (amitriptyline, clomipramine, doxepin, nortriptyline)
- Antiemetics (ondansetron, promethazine, aprepitant, prochlorperazine, metoclopramide, ranitidine)
- Antihistamine, non-cholinergic (cetirizine, fexofenadine, loratadine)
- Antipsychotics (Abilify, Haldol, Seroquel)
- Benzodiazepines (alprazolam, clonazepam, diazepam, lorazepam, oxazepam)
- Beta Blocker (labetalol, metoprolol, propranolol)
- Cannabis (THC, CBD) (for CVS symptoms)
- Capsaicin, topical (for CVS symptoms)
- Laxatives incl. Fiber (DOSS, mag. hydroxide, polyethylene glyc., Psyllium, Senna,)
- Muscle Relaxants (cyclobenzaprine, baclofen, methocarbamol, Zanaflex)
- Stimulants (amphetamine-dextroamphetamine, Vyvanse)
- Supplements, Mitochondrial (Alpha Lipoic Acid, CoQ10, L-Carnitine)
- Supplements, Other (Vit C, Vit B, Vit D3, iberogast, magnesium, melatonin, MVI, Omega-3)
- Steroids (prednisone, dexamethasone)
- Triptans (Imitrex, Amerge, Zomig, rizatriptan/Maxalt, Frova, eletriptan/Relpax, Axert)
- Other Medications (statins, montelukast, cetirizine, fexofenadine, Strattera, acyclovir, insulin, rituximab, levothyroxine, birth control, Glimepiride, metformin)
- No Medications or Supplements

 List Other Medications that are GI or Migraine related.

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30-day Opioids (from chart)

(Names, Doses and Dates prior 30 days from chart)

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(Names, Doses and Dates prior 30 days from chart)

Calculated Daily MED (From Chart)

(Morphine Equivalent Dose mg/day)

Calculated Daily MED (From Chart)

(Morphine Equivalent Dose mg/day)

30-day Opioids (Prescription Monitoring Program)

(Names, Doses and Dates prior 30 days from PMP)

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(Names, Doses and Dates prior 30 days from PMP)

Calculated MME (from PMP)

(Morphine Milligram Equivalent /day)

Calculated MME (from PMP)

(Morphine Milligram Equivalent /day)

Episode Frequency

- > yearly
- Once / year
- 2-4 x / year
- Every 6-8 weeks
- Monthly
- 2-3 x / month
- Near Constant Symptoms / Weekly Episodes
- Other

Frequency description

Coalescing Symptoms?

- Yes
- No
- Maybe

Coalescing Symptoms?

- Yes
- No
- Maybe

Coalescence Discussion

Coalescence Discussion

Episode Frequency

- > yearly
- Once / year
- 2-4 x / year
- Every 6-8 weeks
- Monthly
- 2-3 x / month
- Near Constant Symptoms / Weekly Episodes
- Other

Frequency description

Describe Episodes

Abdominal Pain with CVS?

- Yes
 No
 notes box
-

ABD pain notes

Describe Episodes

Abdominal Pain with CVS?

- Yes
 No
 notes box
-

ABD pain notes

Other Symptom Relief

- Yes
 Nothing
 Not Reported
(Yes for hot showers, bathing, exercise, biofeedback, other)
-

Other Symptom Relief

- Yes
 Nothing
 Not Reported
(Yes for hot showers, bathing, exercise, biofeedback, other)
-

Type of Other Symptom Relief

- Hot Showers / Hot Bathing
 Sleep
 Other Measure
-

Type of Other Symptom Relief

- Hot Showers / Hot Bathing
 Sleep
 Other Measure
-

Response to Sleep

(Describe)

Response to Sleep

(Describe)

Describe Other Relief Measure

(Cold Stimulation, Biofeedback, Exercise, etc.)

Describe Other Relief Measure

(Cold Stimulation, Biofeedback, Exercise, etc.)

Estimated Success for Hot Showers / Bathing

- < 1/2 successful
- 50% success rate
- > 1/2 successful
- Other

Estimated Success for Hot Showers / Bathing

- < 1/2 successful
- 50% success rate
- > 1/2 successful
- Other

Hot Shower Success

(Describe)

Hot Shower Success

(Describe)

Notes

2 Year History

2 Year CVS Chart History Available?

- Yes
 No
 N/A - Not CVS pt.
(As measured from most recent CVS visit)

All Cause Outpatient/Clinic Visits (& Telemedicine)
in Prior 2-Years

(All Cause)

Clinic & Telemedicine Visits for N/V in Prior
2-Years

(All Visits for CVS/GI Comp/NV)

Hospitalization Days in Prior 2 Years (all cause)

(All Cause, but NOT ER to home)

Hospitalization Days for CVS (Inpatient)

(Days admitted for CVS events)

ER visits in Prior 2 Years (all cause)

(All Cause)

CVS ER to home in previous 2 years

(CVS ER to Home Visits)

Surgery or Procedures in Prior 2 Year Period

- Yes
 No
(If yes, list surgeries in next box)

Procedures Performed in Prior 2 Years

(List each surgery)

Healthcare Utilization Notes
