

Clinic Template

***IMPORTANT: Please omit any PHI prior to submitting this form.***

**Age:   
Presenting clinician:   
Presenting clinician contact information:**

**Primary MD: MD contact information:**  
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**HPI:**

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**PMH:**

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-------------------------------------------------------------------------------------------------------------------------------**Social History:**

-------------------------------------------------------------------------------------------------------------------------------**Current intestinal anatomy (Please specify if small bowel is in continuity with colon, and percentage of colon):**

**TPN (If yes, please specify volume and how many hours/day. If possible, please attach a copy of most recent TPN order to this form, *without PHI*):**

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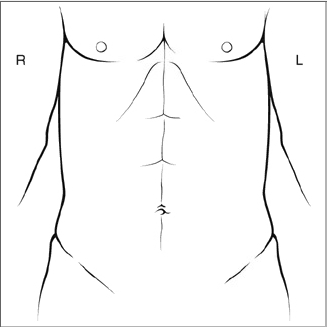
**Enteral (If yes, please specify formula and how many hours/day.):**

-------------------------------------------------------------------------------------------------------------------------------**Current Vascular Access (type i.e Hickman vs. PICC vs. PORT and location):**

-------------------------------------------------------------------------------------------------------------------------------**Current Enteral Access (i.e G tube/J tube):**

-------------------------------------------------------------------------------------------------------------------------------**Parenteral Nutrition Complications (i.e loss of vascular access, line infections, liver dysfunction):**

-------------------------------------------------------------------------------------------------------------------------------**Pertinent Physical Exam Findings: mark tubes, stomas, wounds, herniae, fistulae etc..**



**TPN Prescription**

If applicable, please include a screenshot or photograph of the patient’s TPN prescription and paste into the space below:

Please compile and attach pertinent lab work, clinical photos (i.e abdominal wounds/ECF), or other documentation that will facilitate discussion regarding this case. **Please do not exceed 3 additional pages of supplemental information outside of this form.**