



## NEBULA Intake Form

### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Contact Preference: ☐ Phone ☐ Email

### Insurance Information

Insurance Carrier: \_\_\_\_\_ Member ID: \_\_\_\_\_  
Secondary Insurance (if applicable): \_\_\_\_\_ Member ID: \_\_\_\_\_

### Pediatrician or Referring Provider

Name (Pediatrician): \_\_\_\_\_ Location: \_\_\_\_\_  
Name: \_\_\_\_\_ Location: \_\_\_\_\_

### Birth History

Was the child born full term (37 weeks)? If not, how many weeks: \_\_\_\_\_  
Any abnormal prenatal ultrasounds or complications during pregnancy: \_\_\_\_\_  
Any complications at birth or following birth: \_\_\_\_\_  
What hospital was the patient born? \_\_\_\_\_  
Did your child require a NICU stay? If so, please summarize: \_\_\_\_\_

**Intake information:**

Primary reason for referral: (Check all that apply)

- ☐ Fecal Incontinence
- ☐ Urinary incontinence (nighttime wetting, daytime wetting)
- ☐ Recurrent UTIs
- ☐ Constipation

Other (Please Describe)

Primary diagnosis: (Check all that apply)

- ☐ Neurogenic Bowel
- ☐ Constipation
- ☐ Imperforate Anus
- ☐ Spina Bifida
- ☐ Hirschsprung's disease
- ☐ Cloaca anomaly
- ☐ Tethered cord
- ☐ Spinal lesion
- ☐ Neurogenic Bladder
- ☐ Recurrent UTIs

Other (Please Describe)

Medical History: List All Medical Diagnosis, Date of diagnosis, Provider who manages this condition and whether the condition remains active or not at this time

[illegible]

**Surgical History:** List all surgeries with dates and surgeon/institution

[illegible]

Current Medications: List medication, dose, frequency

[illegible]

### Bowel Patterns:

Is your child continent (able to hold poop), incontinent (has accidents), or diapered?

☐ Continent ☐ Incontinent ☐ Diapered

If your child has stool accidents, how many per day?

Per week:

What time do accidents happen most frequently:

☐ AM ☐ PM ☐ Overnight

If your child is having accidents, what is the consistency? ☐ Liquid ☐ Loose ☐ Hard

How many bowel movements does our child have per day?

Per week:

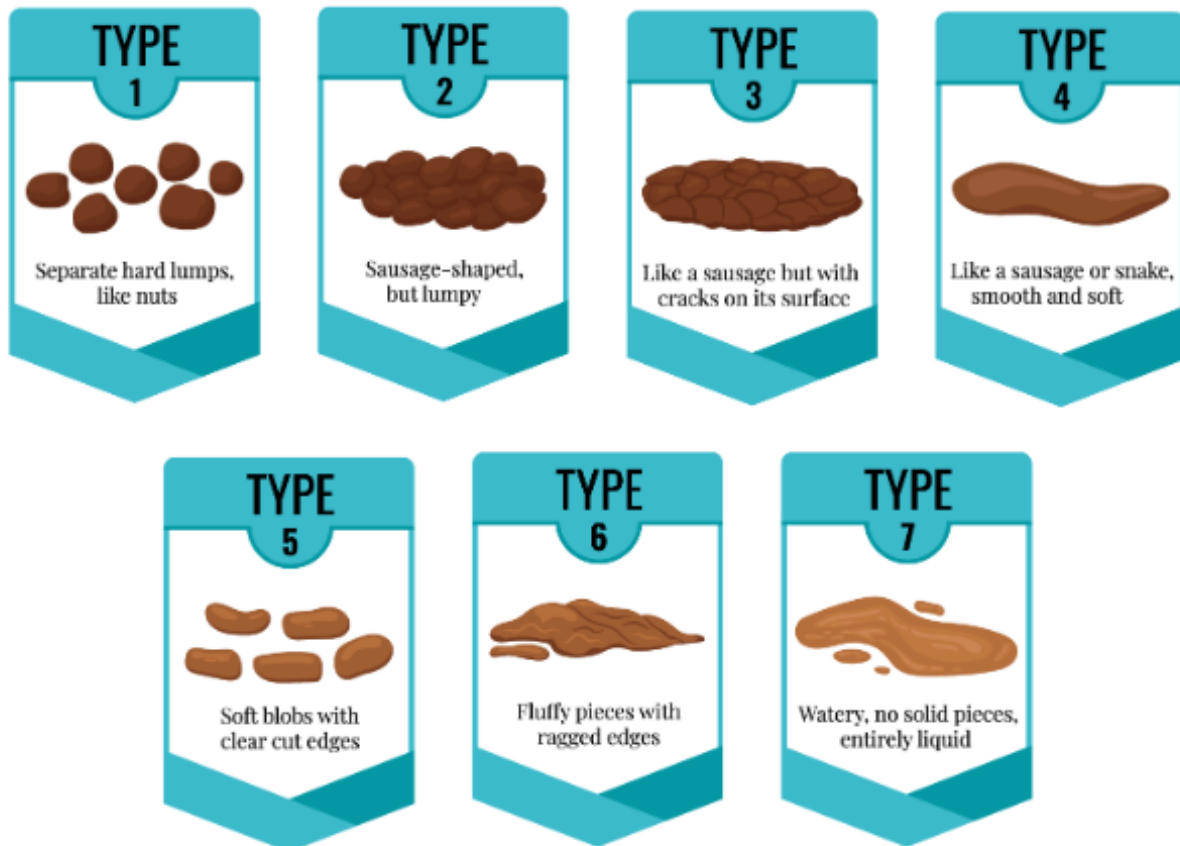
What is the consistency? (Please see the Bristol Stool Scale)

☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4 ☐ Type 5 ☐ Type 6 ☐ Type 7

### Bristol Stool Scale (BSS), Bowel Consistency

The Bristol Stool Scale Chart is a helpful tool used to evaluate stool consistency that may identify constipation and guide bowel-management decisions.

Type 3, 4 or 5 are an acceptable goal.



Is your child able to feel the sensation to poop? ☐ Yes ☐ No

Rectal Prolapse: ☐ Yes ☐ No

If "Yes" please state frequency

**Upper GI:**

Does your child complain of abdominal pain? ☐ Yes ☐ No

If so, how often and in what location?

Does your child have history or frequent vomiting? ☐ Yes ☐ No

Does your child have a history of reflux? ☐ Yes ☐ No

Does your child have difficulty swallowing? ☐ Yes ☐ No

Does your child have a gastrostomy tube or nasogastric tube? ☐ Yes ☐ No

If so, is this for feeding? ☐ Yes ☐ No

If for feeding please list the formula and schedule of feeds:

Has your child had any prior GI testing? Ex: anorectal manometry, colonic manometry, antroduodenal manometry, esophageal manometry, Upper endoscopy, colonoscopy ☐ Yes ☐ No

If so please describe:

**Urinary patterns:**

Is your child continent (able to hold urine), incontinent (has accidents), diapered?

☐ Continent ☐ Incontinent ☐ Diapered

If your child has urine accidents, how many per day? Per week:

What time do urine accidents happen most frequently: ☐ AM ☐ PM ☐ Overnight

Does your child catheterize their bladder? ☐ Yes ☐ No

Does your child have a history of urinary tract infections? ☐ Yes ☐ No

If Yes to UTIs are they with fever? ☐ Yes ☐ No

At what age was your child potty trained for urine?

Does your child have a history of any of the following? ☐ Yes ☐ No

Male:

☐ Problem with testicles

☐ Problem with penis

☐ Penile discharge

☐ Hernia

Female:

☐ Problem with labia

☐ Problem with labial adhesions

☐ Discharge

☐ Hernia

Has your child previously tried or active in: (Check all that apply)

☐ Pelvic floor physical therapy

☐ Biofeedback

☐ Sacral TENS

☐ Posterior Tibial Nerve Stimulation

☐ None

**Prior GI meds:** (Check all that apply)

Laxatives:

☐ Miralax

☐ Senna

☐ Ex-Lax Dulcolax/Bisacodyl

☐ Magnesium

Prokinetic:

☐ Motegrity/Prucalopride

☐ Periactin/Cyproheptadine

PPI:

☐ Omeprazole

☐ Protonix/Pantoprazole

☐ Prevacid/Lansoprazole

☐ Prilosec/omeprazole

☐ Nexium/esomeprazole

H2 blockers:

☐ Pepcid/Famotidine

☐ Zantac/Ranitidine

Other meds:

☐ Linzess/linaclotide

☐ Clonidine

☐ Amitiza/Lubiprostone

☐ Trulance/Plecanatide

☐ Remeron/mirtazapine

☐ Amitriptyline

☐ Nortriptyline

Other (Please List)

Rectal therapy: (Check all that apply)

☐ Suppositories (enter name and dose)

☐ Enemas (please describe)

☐ Irrigations (please describe)

**Prior Urologic Medications:** Select all that apply:

Antimuscarinics:

☐ Oxybutynin/Ditropan

☐ Tolterodine/Detrol

☐ Solifenacin/Vesicare

☐ Other (Please List)

Beta 3 Agonists:

☐ Mirabegron/Myrbetriq

☐ Mirabegron/Gemtesa

Vasopressin/Antidiuretic:

☐ DDAVP/Desmopressin Pills

☐ DDAVP/Desmopressin Nasal Spray

Tricyclic Antidepressant:

☐ Imipramine/Tofranil

Alpha Blockers:

☐ Tamsulosin/Flomax

☐ Cardura/Doxazosin

☐ Onabotulinumtoxin (An Injection of the bladder)

Is your child currently followed by a Urologist? A Gastroenterologist? A General or Colorectal surgeon? If so, please list their name and your last visit with them.

Table

Physician	Date of Last Visit

Please list any images your child has obtained in the last 2 years and include location

Imaging	Location

Is there any additional information you would like our team to know?