



District 75 - Citywide Programs
400 First Avenue
New York, NY 10010



District 75 Feeding Team
Gastroenterologist Medical Referral Questionnaire

The purpose of this referral questionnaire is to assist therapists/teachers in identifying signs/symptoms of GI problems and the need for a GI referral. Other possible and common referrals that your student might require are Pulmonary, Cardiologist, Endocrinologist, Neurologist or ENT referral. If your student requires any of these referrals, please make sure to follow up and make appropriate referrals as necessary.

If your student exhibits the following signs/symptoms, refer the student to a digestive specialist or Gastroenterologist (GI). The initial referral letter should be sent to the student's primary care pediatrician specifying all pertinent concerns. Most will need a referral from the primary doctor in order to see a specialist. This varies by insurance.

Use this questionnaire as a resource.

Created by Cara Kantrowitz OTR/L, Giselle Ferreira SLP and Kimberly McInnis-Wray DPT



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1. Has the student ever visited a Gastroenterologist or digestive specialist? If so, when was the last visit? What were the results of that last visit?
2. Is the student taking any medications? If so, specify which types of medications.
3. Does the student have any known food allergies?
4. Is the student Lactose intolerant?
5. Does the student suffer from constipation or diarrhea? Or does the student have difficulty with bowel movement? How frequently does the student go to the bathroom? Is the student toilet trained or on diapers?
6. Is the student frequently thirsty?
7. Does the student have any apparent behaviors as if he is experiencing abdominal pain or heart burn/reflux or a migraine:

Behavior	When does it happen?	How frequently doe sit happen?
Head banging		
Grimace		
Grunts		
Holds stomach during eating or post swallow		
Gagging		

Ruminate		
Throat clearing		
Excessive drinking		
Complaints of stomach pain		
Vomiting		
Visible reflux		
Other		

8. Has the student ever being diagnosed with a digestive condition, such as Crohn's disease, delayed gastric emptying time, irritable bowel syndrome, Celiac disease or GERD?

9. Did the student demonstrate any of the following:

Observation	Yes	No
Serious weight loss		
Fever		
Significant vomiting		
Significant gagging		
Blood in the stool		
Pain in the upper right or lower right abdomen		
Failure to gain weight		
Excessive weight gain		
Difficulty with attention or poor arousal		
Poor growth		
Other		

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