Patient:	Jovan Block	Date:	December 10 2022	
	INTERMIT [*]	TENT HEALTI	H FORM	
1. Has the b ☐ Yes ✓ No	aby had diarrhea in the last two			
2. Has the b ☐ Yes ✓ No	paby had stools with blood or n	nucus?		
3. Has the b ☐ Yes ✓ No	oaby presented more than three	e diarrheal stools or liquid	d stools in the last two weeks?	
4. Has the k weeks? Yes No	paby gone to the toilet more tim	nes than usual (even if st	ools are normal) in the last two	
5. Has the b Yes No	paby presented with any of the	following in the last two	weeks?	
_	does the diarrhea last?			
Cough Respiration Interco Fever Fast or Green Hospit	paby presented with any of the atory distress estal retractions (sinking of ribser rapid breathing? or yellow mucous? alized in the last 2 weeks lized, number of days hospitali	;)	weeks?	

8. Have you noticed any of the following symptoms after eating a certain food?

None

✓ Reflux		
☐ Diarrhea (with food scraps)		
✓ Abdominal Pain		
Rash		
Glossitis		
☐ Difficulty Swallowing		
☐ Has the baby needed to consume any antihistaminic or steroid?		