

GLUTEN-FREE DIET EVIDENCE

Document prescribed treatment and what remains despite adherence.



WHAT TO DOCUMENT

DIGESTIVE CLAIM FILE

ORDER	Medical prescription Record when a clinician prescribed the gluten-free diet and the reason.	ADHERE	Implementation history Describe adherence, accidental exposure, dietitian support, and practical barriers accurately.
RESPONSE	Symptoms after treatment Track diarrhea, pain, fatigue, weight, laboratory results, and biopsy findings over time.	RESIDUAL	Persistent impairment Show deficiencies or systemic effects that continue despite treatment.

