

MY MEDICAL INFORMATION WORKSHEET

WHAT DO I NEED TO KNOW ABOUT MYSELF AND MY HEALTH?

If I don't know, I will ask my doctor and find out! **KNOWLEDGE IS POWER!**
I will have this information at all times and make sure to update it every year.

Diagnosis: INFLAMMATORY BOWEL DISEASE – which of the following do you have?

- Crohn's disease
- Ulcerative colitis
- Indeterminate colitis

How was I diagnosed?

- Endoscopy Upper (EGD)? Lower (colonoscopy) Both
- Date and location of procedure (*what hospital?*): _____
- Were biopsies taken? _____ What are the results? _____
- Do I have a copy of these results? _____

Who is my doctor?

List all doctors – your primary care physician, GI physician, and/or medical team.

- Name: _____
- Address: _____
- Phone/Fax: _____
- Email: _____

What other medical conditions do I have?

- Name of condition(s): _____
- Date of diagnosis: _____

Have I had all my vaccines?

- Yes
- No – which ones have I not had and why (*reaction, preference*)? _____

What medications and treatments am I taking?

COMMON IBD medications:

- Mesalamine, steroids (prednisone, budesonide)
- 6-MP, Imuran, methotrexate
- Remicade, Humira/Cimzia/Simponi
- Vedolizumab/Tysabri
- Stelara, Xeljanz
- Enteral nutrition, other dietary therapy

Name of medication or treatment: _____

Dose and how often taken: _____

If an infusion, when was the last infusion and at what dose? _____

Do I think the medication works for controlling my disease? _____

Pharmacy

Name: _____

Address: _____

Phone: _____ Fax: _____

What allergies to medications do I have?

Medication name: _____

Describe the reaction: _____

What medications have I tried for my IBD that have NOT worked for me?

Name and dose (if available): _____

When tried (dates/situation): _____

Why was the medicine stopped? _____

What disease issues have I had?

Intestinal strictures

Pancreatitis

Bone problems

Fistulas

Joint problems

Kidney stones

Abscesses

Rashes/skin/mouth ulcer issues

Other

Liver disease

Eye issues

How many times have I been hospitalized?

Dates of hospitalization(s): _____

Reasons for hospitalization(s): _____

Location of hospitalization(s): _____

Have I had any surgeries?

Dates of surgeries: _____

Reasons for surgeries: What part of the intestine was removed? _____

At what hospital did surgery occur? Who did the surgery? _____

Have I had blood transfusions?

Date of blood transfusion: _____

What blood products were received (blood, platelets, plasma)? _____

Important monitoring tests

Provide dates and results; need to know MOST RECENT testing for each.

Endoscopies: _____

Radiology (MRI, CT scan, ultrasound, X-ray): _____

Bone density tests (DEXA): _____

Vitamin D level: _____

Ophthalmology evaluations, dermatology (skin cancer checks): _____

TB (tuberculosis) skin tests (or Quantiferon blood test): _____

TPMT and metabolite level if using azathioprine or 6-MP: _____

Level of biologic medication (such as Remicade or Humira), if checked: _____

→ Locate a Pediatric Gastroenterologist

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general educational information as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

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