

# 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.

<b>Diagnosis:</b>	<b>INFLAMMATORY BOWEL DISEASE – <i>which of the following do you have?</i></b>	
	<b>Crohn Disease</b>	<b>Ulcerative Colitis</b>
		<b>Indeterminate Colitis</b>
<b>How was I diagnosed?</b>	<ul style="list-style-type: none"> <li>Endoscopy – what type (upper (EGD)? Lower (Colonoscopy)? Both?</li> <li>Date of procedure and location of procedure (what hospital)?</li> <li>Were biopsies taken? What are the results?</li> </ul>	
<b>Who is my doctor?</b>	<b>List all doctors – your primary care physician and your GI physician</b>	
<b>My doctor or medical team's contact information</b>	<ul style="list-style-type: none"> <li>Name</li> <li>Address</li> <li>Phone/Fax/Email</li> </ul>	
<b>What other medical conditions do I have?</b>	<ul style="list-style-type: none"> <li>Name of Condition</li> <li>Date of Diagnosis</li> </ul>	
<b>COMMON IBD Medications</b>		
Mesalamine	Steroids (prednisone, budesonide)	Vedolizumab/Tysabri
6-MP, Imuran	Remicade	
Methotrexate	Humira/Cimzia/Simponi	
<b>What medications and treatments am I taking?</b>	<ul style="list-style-type: none"> <li>Name of medication or treatment?</li> <li>Dose? Frequency?</li> <li>If an infusion, when was the last infusion and at what dose?</li> <li>Do I think the medication works for controlling my disease?</li> </ul>	
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>Name</li> <li>Address/Phone Number/Fax</li> </ul>	
<b>What allergies to medications do I have?</b>	<ul style="list-style-type: none"> <li>Medication Name:</li> <li>Reaction (describe):</li> </ul>	
<b>What medications have I tried for my IBD that have NOT worked for me?</b>	<ul style="list-style-type: none"> <li>Name and Dose (if available)</li> <li>When tried (dates/situation)?</li> </ul>	
<b>What disease issues have I had?</b>	<ul style="list-style-type: none"> <li>Intestinal strictures? Fistulas?</li> <li>Abscesses?</li> <li>Liver disease?</li> <li>Pancreatitis?</li> <li>Joint problems?</li> </ul>	<ul style="list-style-type: none"> <li>Rashes/skin/mouth ulcer issues?</li> <li>Eye issues?</li> <li>Bone problems?</li> <li>Kidney stones?</li> <li>Other?</li> </ul>
<b>How many times have I been hospitalized</b>	<ul style="list-style-type: none"> <li>Dates of hospitalization:</li> <li>Reasons for hospitalization:</li> <li>Location of hospitalization:</li> </ul>	
<b>Have I had any surgeries?</b>	<ul style="list-style-type: none"> <li>Dates of surgeries:</li> <li>Reasons for surgeries: What part of the intestine was removed?</li> <li>At what hospital did surgery occur? Who did the surgery?</li> </ul>	
<b>Blood transfusions</b>	<ul style="list-style-type: none"> <li>Date of blood transfusion:</li> <li>What blood products were received (blood, platelets, plasma)?</li> </ul>	
<b>Important monitoring tests – Dates &amp; Results</b>	<ul style="list-style-type: none"> <li>Endoscopies</li> <li>Radiology (MRI or CT)</li> <li>Ophthalmology evaluations</li> <li>TB (Tuberculosis) skin tests (or Quantiferon blood test)</li> </ul>	<ul style="list-style-type: none"> <li>Dermatology (skin cancer checks)</li> <li>Bone density tests (DEXA)</li> </ul>
<b>Need to know MOST RECENT testing for each</b>		