

IBD Checklist for Care Continuity™

Checklist for Transition of Care to Other Providers

Patient's Name: _____ MR#: _____ D.O.B.: _____

Disease Information
Date of diagnosis: (mm/dd/yy)
Disease type: <input type="checkbox"/> CD <input type="checkbox"/> UC <input type="checkbox"/> IBD-Unclassified
Colonoscopy: <input type="checkbox"/> Yes <input type="checkbox"/> No Ileal intubation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of first colonoscopy:
Date of most recent exam:
EGD: <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s):
Evidence of IBD?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pathology confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Granulomas present?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Small bowel imaging: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s) of first imaging study:
Date of most recent exam:
<input type="checkbox"/> SBFT Date:
<input type="checkbox"/> MRE Date:
<input type="checkbox"/> CTE Date:
<input type="checkbox"/> VCE Date:
<input type="checkbox"/> Other: Date:
Montreal Classification (reference table below):
Co-existing immune conditions:
<input type="checkbox"/> PSC <input type="checkbox"/> Primary psoriasis <input type="checkbox"/> Arthritis
<input type="checkbox"/> Ank spon <input type="checkbox"/> Sacroiliitis
Extra-intestinal manifestations:
<input type="checkbox"/> Joint Pain <input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Mouth <input type="checkbox"/> Other:
Is the patient's CRP elevated when disease is active?:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Family History
IBD: <input type="checkbox"/> Yes <input type="checkbox"/> No Who?
Autoimmune diseases: <input type="checkbox"/> Yes <input type="checkbox"/> No
Who?
Which disease(s):
Colorectal cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No Who?

Surgical History
<input type="checkbox"/> None
CD surgery(s): How Many? _____
<input type="checkbox"/> SB <input type="checkbox"/> LB Total length Resected (cm): _____
Type of Anastomosis: <input type="checkbox"/> End-to-End <input type="checkbox"/> Side-to-Side <input type="checkbox"/> Other
Ostomy: <input type="checkbox"/> Ileostomy <input type="checkbox"/> Colostomy <input type="checkbox"/> End <input type="checkbox"/> Loop
Perianal: <input type="checkbox"/> I & D <input type="checkbox"/> Seton <input type="checkbox"/> Other
UC:
<input type="checkbox"/> IPAA <input type="checkbox"/> Subtotal colectomy
<input type="checkbox"/> Total proctocolectomy & end ileostomy <input type="checkbox"/> Other

Previous IBD Therapies		
Include complementary and alternative therapies and diet management		
Therapy	End Date	Reason for D/C

Current IBD Therapies		
Include complementary and alternative therapies and diet management		
Therapy	Start Date	Dose (mg/frequency)

Other Important Information
(C. diff, infections, dysplasia/cancer, etc)

Montreal Classification			
Age at diagnosis		Location	
A1	Below 16 y	L1	Ileal
A2	Between 17 and 40 y	L2	Colonic
A3	Above 40 y	L3	Ileocolonic
		L4	Isolated upper disease*
Behavior		Extent	
B1	Non-stricturing, non-penetrating	E1	Ulcerative proctitis - Involvement limited to the rectum (that is, proximal extent of inflammation is distal to the rectosigmoid junction)
B2	Stricturing	E2	Left sided UC (distal UC) - Involvement limited to a proportion of the colorectum distal to the splenic flexure
B3	Penetrating	E3	Extensive UC (pancolitis) - Involvement extends proximal to the splenic flexure
P	Perianal disease modifier**		
<small>*L4 is a modifier that can be added to L1-L3 when concomitant upper gastrointestinal disease is present. **P is added to B1-B3 when concomitant perianal disease is present Satsangi J et al. Gut 2006; 55:749-753</small>			