# IBD Checklist for Care Continuity™

**Checklist for Transition of Care to Other Providers**

**Disease Information**

- **Date of diagnosis:** (mm/dd/yy)
- **Disease type:** □ CD  □ UC  □ IBD-Unclassified
- **Colonoscopy:** □ Yes  □ No  □ ileal intubation:** □ Yes  □ No
- **Date of first colonoscopy:**
- **Date of most recent exam:**
- **EGD:** □ Yes  □ No  □ Date(s):
- **Evidence of IBD:** □ Yes  □ No
- **Pathology confirmed:** □ Yes  □ No
- **Granulomas present:** □ Yes  □ No
- **Small bowel imaging:** □ Yes  □ No
- **Date(s) of first imaging study:**
- **Date of most recent exam:**
  - □ SBFT: Date:
  - □ MRE: Date:
  - □ CTE: Date:
  - □ VCE: Date:
  - □ Other: Date:
- **Montreal Classification** (reference table below):

**Co-existing immune conditions:**
- □ PSC  □ Primary psoriasis  □ Arthritis
- □ Ank spond  □ Sacroiliitis

**Extra-intestinal manifestations:**
- □ Joint pain  □ Skin  □ Eye  □ Mouth  □ Other:

**Is the patient’s CRP elevated when disease is active:**
- □ Yes  □ No  □ Unknown

**Family History**

- **IBD:** □ Yes  □ No  □ Who?
- **Autoimmune diseases:** □ Yes  □ No  □ Who?
- **Which disease(s):**
- **Colorectal cancer:** □ Yes  □ No  □ Who?

**Surgical History**

- □ None
- □ CD surgery(s): How many? □ SB □ LB □ Total length resected (cm): □
- **Type of anastomosis:** □ End-to-end □ Side-to-side □ Other
- **Ostomy:** □ Ileostomy □ Colostomy □ End □ Loop
- **Perianal:** □ I & D □ Seton □ Other
- **UC:** □ IPAA □ Subtotal colectomy
  □ Total proctocolectomy & end ileostomy □ Other

**Previous IBD Therapies**

- Include complementary and alternative therapies and diet management

<table>
<thead>
<tr>
<th>Therapy</th>
<th>End Date</th>
<th>Reason for D/C</th>
</tr>
</thead>
</table>

**Current IBD Therapies**

- Include complementary and alternative therapies and diet management

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Start Date</th>
<th>Dose (mg/frequency)</th>
</tr>
</thead>
</table>

**Other Important Information**

(C. diff, infections, dysplasia/cancer, etc)

**Montreal Classification**

<table>
<thead>
<tr>
<th>Age at diagnosis</th>
<th>Location</th>
<th>Behavior</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Below 16 y</td>
<td>L1</td>
<td>Ulcerative colitis: - Involvement limited to the rectum (that is, proximal extent of involvement is distal to the rectosigmoid junction)</td>
</tr>
<tr>
<td>A2</td>
<td>Between 17 and 40 y</td>
<td>L2/L3</td>
<td>Colitis/Besle's disease/Involvement limited to the rectum (that is, proximal extent of involvement is distal to the rectosigmoid junction)</td>
</tr>
<tr>
<td>A3</td>
<td>Above 40 y</td>
<td>L4</td>
<td>Involvement limited to the rectum (that is, proximal extent of involvement is distal to the rectosigmoid junction)</td>
</tr>
</tbody>
</table>

**Behavior**

- **B1** Non-penetrating, non-perforating
- **B2** Penetrating
- **B3** Perianal disease modifier**

**Extent**

- **E1** Ulcerative colitis: - Involvement limited to the rectum (that is, proximal extent of involvement is distal to the rectosigmoid junction)
- **E2** Left sided UC (distal to the splenic flexure) - Involvement limited to a proportion of the colon (not extending to the rectosigmoid junction) or colonoscopically limited to the splenic flexure
- **E3** Extensive UC (pancolitis) - Involvement extends proximal to the splenic flexure

*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

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