

MY CROHN'S DISEASE PASSPORT



Helping to keep me
on track



This health passport belongs to:

Name: _____

Address: _____

Home phone: _____

Other phone: _____

Emergency contact: _____

Phone: _____

Other phone: _____

In this health passport, you will be able to enter important health information related to your Crohn's disease. It will help you keep track of your tests, medications, vaccinations, surgeries and more. So make sure you bring it to all your appointments, especially when you visit a new health care professional.

My health care team

Gastroenterologist: _____

Clinic/Office address: _____

Phone: _____

GI or IBD Nurse:[†] _____

Clinic/Office address: _____

Phone: _____

[†] Gastrointestinal or inflammatory bowel disease nurse.

Family physician:

Clinic/Office address:

Phone:

Pharmacy:

Address:

Phone:

My health care team

Nutritionist:

Clinic/Office address:

Phone:

Other specialist:

Clinic/Office address:

Phone:

My **medical** profile

Treatment goal

My medical profile

Disease diagnosis

Crohn's disease

Date of diagnosis: _____

Other (specify): _____

Date of diagnosis: _____

Location of disease

Shade in the location
of your disease

at diagnosis and now.

Perianal involvement

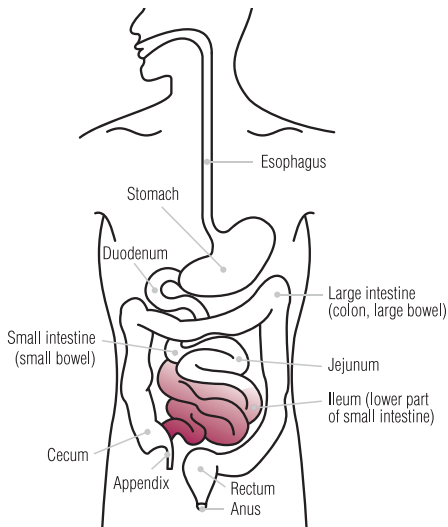
Abscess

Skin tags

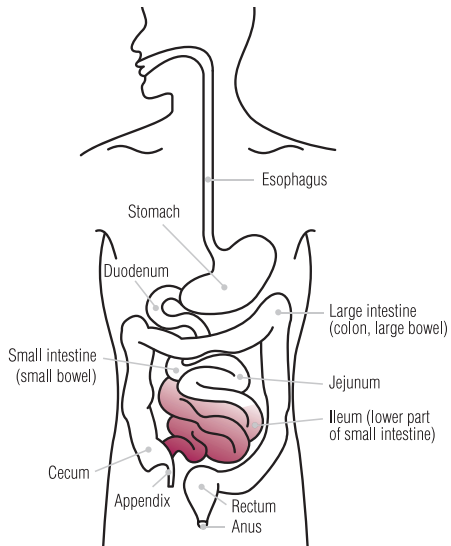
Fissure

Fistulae

At diagnosis



Now



My medical profile

Other significant medical conditions

List any other medical conditions you had at diagnosis.

Mouth Mouth sores

Skin Erythema nodosum Pyoderma gangrenosum Psoriasis

Joints Swollen joints Ankylosing spondylitis

Liver Primary sclerosing
cholangitis (PSC) Autoimmune hepatitis

Eyes Iritis Uveitis Cataract

Cancer (specify): _____

Other (specify): _____

Surgeries

Shade in the portions of your digestive tract that were removed and include the dates of your surgeries.

Other previous surgical procedures (specify):

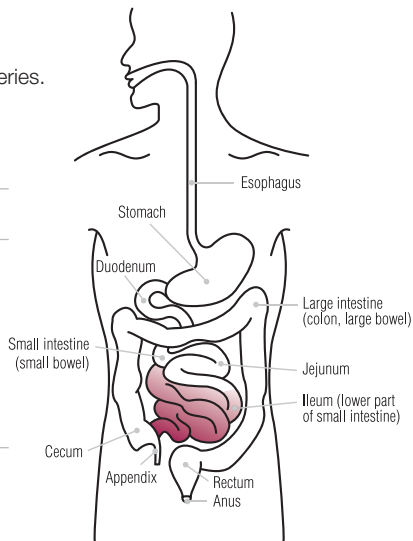
Family planning

Are you or your partner planning on becoming pregnant? Yes No

If "yes", date: _____

Have you had a pregnancy? Yes No

If "yes", date: _____



My medical profile

Allergies

Height: _____

Weight: _____ Date: _____

Weight: _____ Date: _____

Weight: _____ Date: _____

Weight: _____ Date: _____

Smoker

Yes

No

If "yes", planned stop date: _____

My **family** history

Family history

Colorectal cancer: _____

Other malignancies (specify): _____

Other (specify): _____

Prescription drug insurance


Prescription drug coverage plan: _____

My medical profile

Vaccinations

Vaccine	Recommendation†	Date
Inactivated/component vaccines		
Diphtheria/tetanus	Initial vaccination(s) generally given in childhood. Booster recommended every 10 years.	
Hepatitis A and B	Recommended for patients at risk.	
Influenza	Recommended annually.	
Pneumococcal	Vaccine recommended for patients 2 to 64 years of age, with a booster after 3-5 years.	
Live vaccines		
Zoster vaccine live	Recommended as routine in childhood. Recommended for patients at high risk.	
Measles, mumps and rubella	Recommended as routine in childhood. Recommended for all susceptible adults.	
Others (specify)		

†Please see <http://www.phac-aspc.gc.ca/publicat/cig-gci/assets/pdf/p03-eng.pdf> for complete details.



All appropriate vaccines should be administered at least 14 days before biologic therapy is initiated or 3 months after therapy has been stopped. However, the interval may vary with the intensity of immunosuppressive therapy and the underlying condition.

Avoid live vaccines if you are taking biologics. Live vaccines contain weakened forms of the organism that causes the disease.

If you would like to know more about vaccination, please visit the Public Health Agency of Canada website at www.phac-aspc.gc.ca/publicat/cig-gci/assets/pdf/p03-eng.pdf.

If you have any questions about vaccination, talk to your doctor.

My medication

Aminosalicylates

Generic name	Taken in past†	Currently taking	Dosage	Side effects/ comments
Sulfasalazine				
5-aminosalicylic acid				

† Number of times medication has been taken in the past.

Immunomodulators and immunosuppressants

Generic name	Taken in past†	Currently taking	Dosage	Side effects/ comments
6-mercaptopurine				
Azathioprine				
Methotrexate				

† Number of times medication has been taken in the past.

Antibiotics

Generic name	Taken in past†	Currently taking	Dosage	Side effects/ comments
Ciprofloxacin				
Metronidazole				

† Number of times medication has been taken in the past.

Corticosteroids

Generic name	Taken in past†	Currently taking	Dosage	Side effects/ comments
Prednisone				
Methylprednisone				
Budesonide				

† Number of times medication has been taken in the past 12 months.

Other medications I am taking or have taken

List any medications or supplements (e.g., vitamins, herbal products) you take, or have taken, for reasons other than for your disease.

Brand and/or generic name	Taken in past	Currently taking	Side effects/ comments

My medication

Biologics

Tuberculosis (TB) test

Date: _____

Result: _____ mm quantiFERON Negative Positive

Chest X-ray results

Date: _____ Verified by: _____

Normal Abnormal Comments: _____

Others (specify)

Test: _____ Date: _____

Result: _____

Biologics

Generic name and/or brand name	Start date	Stop date	Concomitant immuno-suppressant	Side effects/ comments
Adalimumab (HUMIRA®)				
Infliximab (Remicade®)				

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My medication

If you are currently taking a biologic for your disease, and should you develop signs or symptoms of infection (e.g., a fever) or have to take antibiotics, it is important that you speak with your doctor as soon as possible to obtain recommendations. Your biologic therapy may have to be suspended during the episode of infection.

If you have any questions, do not hesitate to speak with your health care team.

Tests

Diagnostic tests

List any diagnostic tests (colonoscopy, upper endoscopy, calprotectin, C-reactive protein) relevant to your disease that you have undergone. Include any important information about these tests.

Tests

Other important tests

Depending on your treatment and/or your condition, routine testing may be recommended. List any routine examination that you have undergone.

	Date	Results	Comments
Pap test			
Skin examination			
Surveillance colonoscopy			

Questions/Notes

In case of a flare, you should speak to:

Name: _____

Number: _____

Use the space below as a memory aid to write down any questions for your health care team, concerns regarding your treatment or disease, and/or changes to your symptoms.

Proud supporters of My Crohn's Disease Passport

Canadian Digestive Health Foundation (CDHF)

The CDHF believes patients need to be active participants in their health. Tracking and communicating symptoms, medications, challenges and successes by using My Crohn's Disease Passport and CDHF's Gi BodyGuard app can help you live positively with IBD. www.CDHF.ca



Crohn's and Colitis Foundation of Canada (CCFC)

The CCFC is committed to educating patients, families, healthcare industry and government about IBD. Become your own health advocate by being better informed about IBD. Visit www.ccfc.ca for up-to-date IBD resources.



Canadian Association of Gastroenterology (CAG)

AbbVie is a proud Corporate Sponsor of the CAG. The CAG is built on broad principles and includes individuals of different disciplines (physicians, surgeons, paediatricians, radiologists, basic scientists). CAG members are actively involved in research, education and patient care in all areas of digestive health and disease, contributing to the economic and social health of all Canadians. The information, opinions, recommendations and/or procedures expressed or depicted in this material do not necessarily reflect those of the CAG.



Useful websites

Canadian websites†

Canadian Society of Intestinal Research
www.badgut.com

The 3C Foundation of Canada
www.3cfoundation.org

Gut Inspired
www.gutinspired.ca

Intestinal Disease Education
and Awareness Society (IDEAS)
www.weneedideas.com

Robbie's Rainbow
www.robbiesrainbow.ca

International websites†

Crohn's and Colitis
Foundation of America
www.ccfa.org

UC and Crohn's:
A site for teens
www.ucandcrohns.org

You and IBD - An Animated
Patient's Guide to Inflammatory
Bowel Disease (IBD)
www.YouAndIBD.com

† The websites suggested in this brochure do not imply an endorsement of or association with third-party organizations/ websites and are provided for information purposes only. AbbVie is not responsible for content of non-AbbVie sites.

Appointments

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

Date: _____ Time: _____ Doctor: _____

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Developed in partnership with Dr. Desmond Leddin MB, FRCP, Professor of Medicine.

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