Crohn's Disease Annual Cycle of Care Plan

Patient Details

Name: ..... Sex: M/F Date of birth: ... / ... / .....

Diagnosis: ..... Date of diagnosis: ... / ... / .....

Date of last specialist review? ... / ... / .....

Current Crohn's disease medications (maintenance therapy): .....

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Concurrent conditions/extra-intestinal manifestations: .....

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Surgical history: .....

Vaccination status/immunity (Hep A/B/C/varicella/pertussis/influenza): .....

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Health Status

Is the patient well? .....

How long has it been since the last flare? .....

How many flares have occurred in the last 12 months? .....

Symptoms suggestive of a flare: .....

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Flare Management Plan*

Medication	Instructions

* Contact your gastroenterologist following a flare of disease or if you experience: .....

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Activity	Frequency	Checked (Y/ N)	Date Completed
1. Measurement of nutritional status (including levels of vitamin B12, folic acid, vitamin D)* and calculate body mass index * Daily folate supplementation is recommended in pregnant patients or those planning to conceive.	*Annually*		..../..../....
2. Anaemia/iron studies	*Every 6 months*		..../..../....
3. Check smoking status & encourage cessation	*Annually*		..../..../....
4. Colonoscopy to re-evaluate disease extent and to screen for colorectal cancer (ulcerative colitis and Crohn's colitis)	*8-10 years (from diagnosis)except if PSC – start once PSC diagnosed* *Every 2 years thereafter*		..../..../....
5. Bone mineral density test in patients with bone disease, those with extensive use of oral corticosteroids and those >65 years of age.† † These criteria may not be reimbursed under the MBS	*Every 2nd year*		..../..../....
6. Bloods relevant to medications e.g. Azathioprine – FBC/LFTs Methotrexate – FBC/LFTs ASA agents – FBC/LFTs/U/A Biologic agents – FBC/UEC/LFTs	*Depending on drug & when started. Liase with specialist (eg methotrexate – monthly)*		..../..../....
7. Pap smear (females)	*Annually*		..../..../....

Other

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Signatures

Doctor: ..... Date: ..../..../....

Patient: .....