

Communication with My Doctor						
Name				Date		
Communicating with my Doctor about My Crohn's Disease.						
I have Crohn's Disease. Sometimes it's not easy to communicate how I feel in just a few minutes spent with my doctor. Here is a list of basic information I expect to share at every appointment. As much as I expect to share this information, I also hope to have any concerns about how I am feeling put to rest, whether it is a short discussion on things I could do in my life to make my quality of life better, or whether a change in medication would be appropriate.						
Current Medications						
Periodically, medications, doses and times may change. Here is a list of medications I am currently taking.						
<input type="checkbox"/>	Asacol					
<input type="checkbox"/>	Azathioprine (Imuran)					
<input type="checkbox"/>	Prednisone (other steroid)					
<input type="checkbox"/>	Multi-vitamin					
<input type="checkbox"/>	Celexa					
<input type="checkbox"/>	Antibiotics	Flagyl	Cipro	Other:		
<input type="checkbox"/>	Pain Medication:	Vicodin	Norco	Percocet	Other:	
<input type="checkbox"/>	Other:					
Current Symptoms						
<input type="checkbox"/>	Bowel Habits:	Diarrhea	Constipation	Blood	Mucous	Normal
<input type="checkbox"/>	Cramps and/or Pressure					
<input type="checkbox"/>	Nausea and/or Vomiting					
<input type="checkbox"/>	Heartburn / GERD					
<input type="checkbox"/>	Mouth Sores					
<input type="checkbox"/>	Joint Pain					
<input type="checkbox"/>	Rash(es)					
<input type="checkbox"/>	Extreme Tiredness					
<input type="checkbox"/>	Other:					

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Discomfort or Pain					
I've been hurting, here's the location(s):					
<input type="checkbox"/>	Mouth and/or Throat				
<input type="checkbox"/>	Stomach				
<input type="checkbox"/>	Abdomen:	Upper Right	Lower Right	Upper Left	Lower Left
<input type="checkbox"/>	Lower in Pelvic Area				
<input type="checkbox"/>	Lower Back				
<input type="checkbox"/>	Discomfort in Rectal Area				
<input type="checkbox"/>	Other:				
Mental Health					
Crohn's Disease can cause issues other than physical, here is how I have been feeling recently:					
<input type="checkbox"/>	Overall Happy				
<input type="checkbox"/>	Ok Some Days, Others Not so Great				
<input type="checkbox"/>	Feeling Really Down				
<input type="checkbox"/>	Dealing with Depression				
<input type="checkbox"/>	Really having issues Coping, need some extra help				
<input type="checkbox"/>	Other:				
This may not be a complete list of medications, symptoms or feelings, but it's a good start on communications between patient and doctor.					