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
### 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: ____________________________
Family history

☐ Colorectal cancer:_________________________

☐ Other malignancies (specify):_________________________

☐ Other (specify):_________________________

Prescription drug insurance

Prescription drug coverage plan:_________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
My medical profile

Vaccinations

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

† 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.
### Aminosalicylates

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Taken in past†</th>
<th>Currently taking</th>
<th>Dosage</th>
<th>Side effects/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfasalazine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-aminosalicylic acid</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Immunomodulators and immunosuppressants

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Taken in past†</th>
<th>Currently taking</th>
<th>Dosage</th>
<th>Side effects/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-mercaptopurine</td>
<td></td>
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<tr>
<td>Azathioprine</td>
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<tr>
<td>Methotrexate</td>
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</tbody>
</table>

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

### Antibiotics

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Taken in past†</th>
<th>Currently taking</th>
<th>Dosage</th>
<th>Side effects/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciprofloxacin</td>
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<tr>
<td>Metronidazole</td>
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</table>

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

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Taken in past†</th>
<th>Currently taking</th>
<th>Dosage</th>
<th>Side effects/ comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisone</td>
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<tr>
<td>Methylprednisone</td>
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<tr>
<td>Budesonide</td>
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</tbody>
</table>

† 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.

<table>
<thead>
<tr>
<th>Brand and/or generic name</th>
<th>Taken in past</th>
<th>Currently taking</th>
<th>Side effects/ comments</th>
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<tbody>
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</table>
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

<table>
<thead>
<tr>
<th>Generic name and/or brand name</th>
<th>Start date</th>
<th>Stop date</th>
<th>Concomitant immuno-suppressant</th>
<th>Side effects/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab (HUMIRA®)</td>
<td></td>
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<tr>
<td>Infliximab (Remicade®)</td>
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</tbody>
</table>

All trademarks are the property of their respective owners.
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.
Other important tests

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

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Results</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Pap test</td>
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<tr>
<td>Skin examination</td>
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<tr>
<td>Surveillance colonoscopy</td>
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</table>
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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Doctor:</th>
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Developed in partnership with Dr. Desmond Leddin MB, FRCP, Professor of Medicine.

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