

# My Crohn's Disease (CD) Management Plan



Name:

Date of birth:

Patient number:

Date of diagnosis:

Gastroenterologist to tick

## Montreal classification (at worst disease state)

Age at diagnosis:	Location	Behaviour

## My health

Previous procedures/treatment history highlights (e.g. date of last colonoscopy or blood test, surgery, dilatation, endoscopy, imaging, failed medications):

Allergies (including medication):

Considerations (e.g. family history of colorectal cancer or osteoporosis, comorbidities, or extra-intestinal manifestations):

## My healthcare professional team

<b>GP:</b> Ph: Email:	<b>Gastroenterologist:</b> Ph: Email:
<b>Nurse:</b> Ph: Email:	<b>Dietitian:</b> Ph: Email:
<b>Mental health:</b> Ph: Email:	<b>Pharmacist:</b> Ph: Email:
<b>Other:</b> Ph: Email:	<b>Other:</b> Ph: Email:

Complete with gastroenterologist

## My CD medication plan

Name of medication	Dose	How often

## My symptom management

### When I am feeling my best

My stool frequency is ___ per day	I usually do / don't have stomach pain	I usually do / don't need to use antidiarrheal medicine	I usually do / don't feel generally well
-----------------------------------	--	---	--

### When my symptoms are changing... keep a diary for 7 days

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Number of liquid or very soft stools							
Stomach pain 0=none 1=mild 2=moderate 3=severe							
General well-being 0=generally well 1=slightly under par 2=poor 3=very poor 4=terrible							
Used anti-diarrheal (yes/no)							

Complete with gastroenterologist

### What should I do?

If you experience the following **RED FLAG** symptoms:

- 1.
- 2.
- 3.
- 4.

then you should contact:

**Go to hospital if you feel very unwell or develop fever, lots of bleeding and/or severe abdominal pain.**

### What I do to keep myself well

<b>Smoking</b>	Do you currently smoke?	Have you previously smoked?
<b>Diet</b>		
<b>Supplements</b>		
<b>Emotional well-being</b>		
<b>Exercise</b>		

**Note:** Any big changes to your lifestyle should be talked about with your GP, gastroenterologist or IBD nurse.

Complete with your GP

### My health checks

	Tick if required	Year of last	Year of next
Cervical screening test			
Skin check			
Influenza vaccine			

Developed in 2023 as part of the GP Aware Project

### Additional support

CCA Helpline & NurseLine: [call 1800 138 029](tel:1800138029)

Crohn's & Colitis Australia: [crohnsandcolitis.org.au](http://crohnsandcolitis.org.au)

Gastroenterological Society of Australia: [gesa.org.au/education/patient-resources](http://gesa.org.au/education/patient-resources)

