

AME Information:**Phone:****Fax:**

Colitis Status Report Worksheet

(UC, Regional Enteritis, or Crohn's disease) or IBS

Worksheet is to be completed by the patient's treating provider.

Patient Name: _____ DOB: _____

The general health of the patient is good? Y N

Symptoms include (check all that apply):

- ☐ None
- ☐ Mild diarrhea?
- ☐ Mild abdominal pain/cramping?
- ☐ Fatigue?
- If fatigue, does the fatigue limit activities?

Y N

Cause of colitis includes (check all that apply):

- ☐ Crohn's disease?
- ☐ Ulcerative colitis?
- ☐ Irritable bowel syndrome?
- ☐ Other?
- If other, what is the cause? _____

Has the patient had surgery for their condition in the past 6 weeks? Y N

Is the patient currently being treated with any of the following medications (check all that apply):

- ☐ Steroid?
 - ☐ Oral formulations prednisone 20mg/day equivalent or less? Y N
 - ☐ Oral budesonide 9mg or less Y N
 - ☐ Steroid foams or enemas/budesonide enema Y N
- ☐ Azathioprine (Imuran)
- ☐ Imuran?
- ☐ Hycosamine – use 1-2 times a week with no side effects (48 hours no fly after use)
- ☐ Loperamide less than or equal to 16 mg a day and no side effects Y N
- ☐ Mercaptopurine (6-MP)
- ☐ Mesalamine (Asacol, Pentasa, Lialda)
- ☐ Sulfasalazine (Azulfidine)
- ☐ Any single medication listed below after 2-week ground trial and:
 - No post-dose observation time:
 - ☐ Tofacitinib (Xeljanz) – JAK
 - 4-hour post-dose observation time:
 - ☐ Adalimumab (Humira and all biosimilars) – TNF
 - ☐ Certolizumab (Cimzia) – TNF
 - ☐ Golimumab (Simponi) – TNF
 - ☐ Ustekinumab (Stelara) – IL
 - ☐ Vedolizumab (Entvio) – SAM
 - 24-hour post-dose observation time:
 - ☐ Infliximab (Inflectra, Rmicade, Renflexis) – TNF

Treating Physician's Signature_____
Physician's Printed Name_____
Date