

Colitis Status Report Worksheet

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: None or

Mild diarrhea? Y N

Mild abdominal pain/cramping? Y N

Fatigue? Y N

If YES, does the fatigue limit activities? Y N

Cause of colitis includes:

Crohn's disease? Y N

Ulcerative colitis? Y N

Irritable bowel syndrome? Y N

Other? Y N

If YES, what other cause? _____

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

Is the patient being treated with any of the following medications:

Oral steroid? Y N

If YES, is the dose equal to or less than equivalent of prednisone 20mg/day? Y N

Imuran? Y N

Sulfasalazine? Y N

Mesalamine (5-ASA, Asacol, Pentasa, Lialda)? Y N

Steroid foams or enemas/budesonide enema? Y N

Loperamide? Y N

Use less than or equal to 16 mg a day NA Y N

Any side effects from use of Loperamide? NA Y N

Hyoscyamine? Y N

More than 1 to 2 times a week? NA Y N

Any side effects from sue of Hyoscyamine? NA Y N

(requires a 48 hour no fly after use)

Infliximab? Y N

Treating Physician's Signature

Physician's Printed Name

Date

Clinic Locations:

Wisconsin: 10520 W. Bluemound Rd, Suite 206
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Ohio: 7071 Corporate Way, Suite 105
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Expert FAA Medical Assistance!

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