

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):

- Oral steroid?
If YES, is the dose equal to or less than equivalent of prednisone 20mg/day? Y N
- Imuran?
- Sulfasalazine?
- Mesalamine (5-ASA, Asacol, Pentasa, Lialda)?
- Steroid foams or enemas/budesonide enema?
- Loperamide?
Use less than or equal to 16 mg a day Y N
Any side effects from use of Loperamide? Y N
- Hyoscyamine?
More than 1 to 2 times a week? Y N
Any side effects from sue of Hyoscyamine?
(requires a 48 hour no fly after use) Y N
- Mercaptopurine (6-MP)
- Tofacitinib (Xeljanz)
- Vedolizumab (Entyvio): 4-hour no-fly after each doce
- Humira (adalimumab)
- Infliximab (Remicade) – Not acceptable for CACI criteria

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

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