Date of report: XX/XX/XXXX

Time of report: XX:XX

Patient ID:

XXXXXXXXXXXX

Demographic details:

XXXXXXXXXXXX

Disease activity:

XXXXXXXXXXXX

Medications:

XXXXXXXXXXXX

Medication adherence:

XXXXXXXXXXXX

Pain symptoms:

XXXXXXXXXXXX

XXXXXXXXXXXX

Mental health status:

XXXXXXXXXXXX

K10 score: XXXXXXXXXXXX

N*OTE: If you have any questions relating to this information, please talk to your gastroenterologist.*