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

Advice provided based on K10 score:

Diet:

XXXXXXXXXXXX

Patient confidence:

XXXXXXXXXXXX

Patient questions/concerns:

XXXXXXXXXXXX

Responses to past goals:

XXXXXXXXXXXX

Setting goals to better manage my IBD:

XXXXXXXXXXXX

Identifying problems/barriers I’m currently facing in relation to managing my IBD:

XXXXXXXXXXXX

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