

# KEEPING RECORDS

## Personal Details

Name: .....

Address: .....

.....

.....

Tel: .....

D.O.B: .....

## Next of Kin

Name: .....

Address: .....

.....

.....

Tel: .....

## GP

Name: .....

Address: .....

.....

.....

Tel: .....

## Hospital specialist

Name: .....

Hospital: .....

.....

Tel: .....

## Allergies

Details of any allergies:

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## Diagnosis Details

Record details of your original diagnosis. Referring back to these details will help you to chart your inflammatory bowel disease.

### Original diagnosis

Name of hospital specialist:


.....

Date you were first diagnosed:

.....

Which areas of your bowel were originally affected?

.....



**Note:**  
\* Ulcerative colitis affects only the large intestine. If it is confined to the rectum, it is known as proctitis; it can also spread further through the colon.  
\* Crohn's disease can affect any part of the digestive tract.

What symptoms did you have?

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.....

.....

.....

## Surgical history

Record details of any surgical procedure you have undergone.

Date: .....

Type of surgery: .....

Outcome/effects of surgery:  
.....  
.....

**Date:** .....

Type of surgery: .....

Outcome/effects of surgery:  
.....  
.....

**Date:** .....

Type of surgery: .....

Outcome/effects of surgery:  
.....  
.....

## Food Diary

Keep a record of any food that you think may have upset your bowels so that you can discuss what to do at your next GP or hospital visit.

**Type of food:** .....

Date eaten: .....

Effects of the food: .....

How long after eating did you notice the effect? .....

**Type of food:** .....

Date eaten: .....

Effects of the food: .....

How long after eating did you notice the effect? .....

**Type of food:** .....

Date eaten: .....

Effects of the food: .....

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Date eaten: .....

Effects of the food: .....

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**Type of food:** .....

Date eaten: .....

Effects of the food: .....

How long after eating did you notice the effect? .....

Type of food: .....

Date eaten: .....

Effects of the food: .....

.....

.....

.....

How long after eating did you notice the effect? .....

.....

### Current medication

Keep a record of the medication you are receiving now. Record any comments you have about your treatment so that you can discuss them with your GP/hospital specialist at your next visit.

Name of drug: .....

Date drug started: .....

Dosage (in mg): .....

When taken and how often: .....

.....

Any side effects: .....

.....

.....

Comments about this treatment: .....

.....

.....

Outcome of treatment: .....

.....

.....

Name of drug: .....

Date drug started: .....

Dosage (in mg): .....

When taken and how often: .....

.....

Any side effects: .....

.....

.....

Comments about this treatment: .....

.....

.....

Outcome of treatment: .....

.....

.....

Name of drug: .....

Date drug started: .....

Dosage (in mg): .....

When taken and how often: .....

.....

Any side effects: .....

.....

.....

Comments about this treatment: .....

.....

.....

Outcome of treatment: .....

.....

.....

Name of drug: .....

Date drug started: .....

Dosage (in mg): .....

When taken and how often: .....

.....

Any side effects: .....

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.....

Comments about this treatment: .....

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.....

Outcome of treatment:

.....  
.....

### Previous medication

Keep a note of any medication you have received in the past but no longer take. Make sure you note why you stopped taking the drug and any side effects that it caused. Keeping a note of past medication will ensure that you are not prescribed treatment that was previously ineffective.

Name of drug: .....

Date drug started: .....

Dosage (in mg): .....

When taken and how often:  
.....

Any side effects:  
.....  
.....

Date drug stopped: .....

Reason for stopping drug: .....

Name of drug: .....

Date drug started: .....

Dosage (in mg): .....

When taken and how often:  
.....

Any side effects:  
.....  
.....

Date drug stopped: .....

Reason for stopping drug: .....

### Blood test results

You may wish to record your blood test results. Blood tests measure certain cells in your blood and the levels of these cells indicate how much of your bowel is affected by your inflammatory bowel disease. Your results may be low, normal or high.

#### Blood tests

**Haemoglobin:** Haemoglobin carries oxygen around the body in the blood. There is a "normal range" and if a result is below this one is said to have anaemia. There are many causes of anaemia in IBD including vitamin deficiencies, bleeding and inflammation.

**White blood cells:** White blood cells circulate in the blood and rise when infection or inflammation is present. Low levels may be associated with impaired ability to deal with infection but may be expected consequences of some treatments.

**ESR (Erythrocyte Sedimentation Rate):** This is a measure of the rate of settling of erythrocytes (red blood cells) in a tube of blood. It is a test used to assess the severity of inflammation.

**Platelets:** Platelets are small cells that circulate in the blood and mainly help with stopping bleeding. High levels occur particularly with inflammation in IBD. Very low levels may be associated with increased risk of bleeding.

**Serum albumin:** Albumin is a protein that is present in our blood and tissues. It is like egg white. Low levels occur with severe IBD due to the effects of inflammation, protein loss from the gut, infection and malnutrition.

**C-reactive protein (CRP):** CRP is a protein and levels rise in the blood when inflammation is present. It is a blood test used to detect inflammation and infection.

#### Results of blood tests

Date of blood test: .....

Haemoglobin: .....

White blood cells: .....

ESR: .....

Platelets: .....

Serum albumin: .....

C-reactive protein: .....

#### Results of blood tests

Date of blood test: .....

Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**Results of blood tests**

Date of blood test: .....  
Haemoglobin: .....  
White blood cells: .....  
ESR: .....  
Platelets: .....  
Serum albumin: .....  
C-reactive protein: .....

**GP records/notes**

Record your visits to your GP. Ask your GP to complete the last three points (Any test results, Advice given and Other useful comments) - your hospital specialist may find this information very useful.

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure: .....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure: .....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure: .....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure: .....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure:.....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure:.....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Blood pressure:.....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....

Symptoms: .....  
Any test results: .....  
Blood pressure:.....  
Weight: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

## Hospital records/notes

Keep a record of your visits to the hospital. Ask your hospital specialist to complete the last three points (Any test results, Advice given and Other useful comments).

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....

Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....  
Symptoms: .....  
Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

**Date seen:** .....  
Reason for visit: .....

Symptoms: .....  
Any test results: .....  
Advice given: .....  
Other useful comments:  
.....  
.....

## Tips and advice

### Treatment when well

Your doctor may prescribe medication to take while you are free from symptoms. It is important to continue this maintenance treatment to help to prolong the time you are in remission from your symptoms.

### Treatment for a flare-up

You can often identify the start of a flare-up by a change in your symptoms. Some common changes are:

- An increase in the number of bowel motions
- Bloody diarrhoea
- Feeling an urgent need to defaecate but producing only a small amount of faeces or mucus

### What symptoms tell YOU that you are about to have a flare-up?

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.....  
.....

If you think you are having a flare-up and you do not know how to deal with it, contact your GP/hospital specialist as soon as you can.

If you think your are having a flare-up and you and your GP/specialist have already planned what treatment you should take, start this now.

If you are having a flare-up – it is a good idea to phone the surgery and the hospital to let them know and to tell them what you are doing.

### Treatment to take when you have a flare-up:

**Drug Name:** .....  
**Date Started:** .....  
**Dosage:** .....



When taken and how often:  
.....  
.....  
Number of days to be taken for:  
.....  
.....  
Notes: .....  
.....  
.....

**Drug Name:** .....  
Date Started: .....  
Dosage: .....  
When taken and how often:  
.....  
.....  
Number of days to be taken for:  
.....  
.....  
Notes: .....  
.....  
.....

**Drug Name:** .....  
Date Started: .....  
Dosage: .....  
When taken and how often:  
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Number of days to be taken for:  
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Notes: .....  
.....  
.....

**Drug Name:** .....  
Date Started: .....  
Dosage: .....  
When taken and how often:  
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.....  
Number of days to be taken for:  
.....  
.....

Notes: .....  
.....  
.....  
**Drug Name:** .....  
Date Started: .....  
Dosage: .....  
When taken and how often:  
.....  
.....  
Number of days to be taken for:  
.....  
.....

Notes: .....  
.....  
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This information is for general informational purposes and does not constitute medical advice. Please seek information and advice regarding your condition and/or treatment from your doctor.



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