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### IBD New Patient Form

As a center, we are committed to providing meaning and purpose in ways that positively impact patient care. In an effort for us to maximize your first visit today, please complete this form to the best of your ability.

What is your diagnosis?    Ulcerative Colitis    or    Crohn's Disease

When were you diagnosed? \_\_\_\_\_

Providers name that gave diagnosis \_\_\_\_\_

What symptoms were you having at time of diagnosis? \_\_\_\_\_

Please circle any of the following symptoms that you are **currently** experiencing:

Joint aches (shoulders/elbows/hips/hands/ankles/feet)

Eye pain or redness (Uveitis/Iritis)

Skin changes (pyoderma gangrenosum, erythema nodosum, skin cancer)

Mouth sores

Have you ever had a surgery for your **IBD**:

Year \_\_\_\_\_ Surgery \_\_\_\_\_ Surgeon/if known \_\_\_\_\_

Year \_\_\_\_\_ Surgery \_\_\_\_\_ Surgeon/if known \_\_\_\_\_

Year \_\_\_\_\_ Surgery \_\_\_\_\_ Surgeon/if known \_\_\_\_\_

Past medications and Reactions (**IBD only**) Common meds include: Sulfasalazine, Balsalazide, Colazol, Lialda, Apriso, Pentesa, Rowasa, (enema) Canasa (suppository), Mesalamine, Humira, Remicade, Cimizia, Symponi, Entyvio, Stelara, Xeljanz, Methotrexate, Mercaptopurine/6-MP, Azathioprine/Imuran, Prednisone, Entocort, Budesonide, Uceris

| Medication | Dates | Reason if discontinued |
|------------|-------|------------------------|
| _____      | _____ | _____                  |
| _____      | _____ | _____                  |
| _____      | _____ | _____                  |

Current Medications (**ALL**), including supplements and probiotics:

| Medication | Frequency/Dose | Date started |
|------------|----------------|--------------|
|------------|----------------|--------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

When was the last time that you have been on steroids? (Prednisone, Entocort, Budesonide, Uceris) \_\_\_\_\_

When was the most recent date of ER or hospitalization **for IBD**? \_\_\_\_\_

Where: \_\_\_\_\_

Date of most recent colonoscopy \_\_\_\_\_

Where \_\_\_\_\_

Results \_\_\_\_\_

Do you have a family history of IBD or colon cancer? \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

What specific questions or concerns do you want to address at today's visit?

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_