
Infliximab Infusion Patient Questionnaire

(To be completed at every infusion appointment)

Date: _____

Infusion Number: _____

Patient Name: _____

Date of Birth: _____

PHN/ULI: _____

Ordering Physician

1. When was the date of your last Infliximab infusion?

2. Did you improve and maintain your health after your last dose of Infliximab?

3. Did your IBD begin to flare before this current dose of Infliximab?

4. How many bowel movements are you currently having per day?

5. Is there any blood with your bowel movements currently?

6. Are you experiencing any mouth ulcers, arthritis, or skin rashes?

7. Please list the IBD related medications you are currently taking:
