

Sheffield Inflammatory Bowel Disease Centre

Personalised Care Plan

We will use this to talk about how you are feeling and what matters to you. Knowing what matters most to you will help us to work together to live your best life. Please note that the personalised care plan is **optional**. Please let your clinician know if you do not want a personalised care plan.

Your name: _____

Hospital number: _____

Date: __ / __ / ____

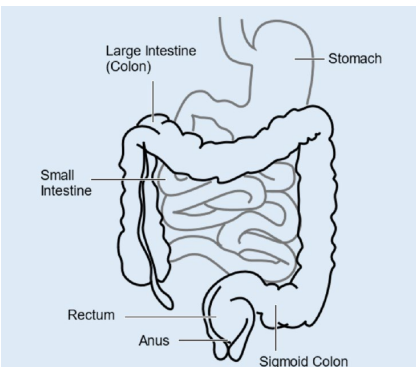
My Preferred Pronouns are: _____ (optional)

Diagnosis

My diagnosis is:

Year I was diagnosed:

What is affected? Use this space to draw a diagram



Background and Support

My IBD History

What treatment or operations I have had in the past, results from procedures, allergies or bad reactions:

What should I do if I have a flare up?

What should I do out of hours?

Contact

Who's on my IBD Care Team and how do I contact them?

My Consultant is: _____
My consultant's secretary is: [Name and contact details]

IBD Nurse Helpline (0114) 271 2209
Monday to Friday 9am–11am; messages picked up daily

Other useful contacts:
Infusion Appointments: (0114) 2712133
Outpatient Appointments: (0114) 2268680
Endoscopy Appointments (0114) 2713173
Capsule Endoscopy Service: (0114) 2713743
Investigations Unit: (0114) 2713156

Sources of IBD Information and Support:

Sheffield IBD Centre: <https://sheffield-ibd.sth.nhs.uk/>
Crohn's and Colitis UK: <https://crohnsandcolitis.org.uk/>
On the Crohn's and Colitis UK website you can find information on symptoms, diet, sex and relationships, drug treatments, surgery, employment and education, benefits and finances.
Sheffield IAPT (Improving Access to Psychological Therapies):
<https://iaptsheffield.nhs.uk/>

How have things been going for me? Please note any issues or concerns you have about your day-to-day life and managing your IBD overall (work, home, feelings, psychological difficulties, symptoms). Please feel free to include issues that you think you might find difficult to raise otherwise.

What Matters To Me? Please tell us what is important to you. This may include, but is not limited to, your values and needs, your sexuality, gender or identity, goals for your IBD, your hopes and aspirations, future plans and support

Current treatment, next steps and review date Please note any current treatment, follow up appointments, referrals, planned investigations or surgeries. This may also include future options or alternatives to your current treatment.

Managing my diet, lifestyle and other health-related conditions Please use this space to record any diet, lifestyle or other health related conditions considerations that are important to you. What would you like to discuss or receive more information on?