



## My IBS Snapshot

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Healthcare Provider:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**My Predominant Symptoms** (Examples: runny BM 6 times a day, abdominal pain better after BM)


**My Triggers** (Examples: garlic, eating out, stress)


**Prior Testing** (Examples: CBC 10/2901, stool studies for C. diff 11/2019, CT scan 12/2019)


**Previous Treatments** (Examples: Gluten free diet for 4 weeks – not effective; Hyoscyamine 0.375 for 1 dose – jittery didn't work; Augmentin 2xdaily for 14 days – got C. diff)


**Goals** (Example: Leave home without worrying about diarrhea)


**Other points to remember** (Example: medications not interested in taking, other health conditions)
