

CBT for IBS Gut-Brain Skills Planning Card

Use this card before the next care conversation.

1. What Changed?

- Baseline:
- Start date:
- Main symptom:
- What feels different:

2. Safety Check

- Blood or black stool:
- Fever:
- Severe or worsening pain:
- Vomiting:
- Dehydration concern:
- Unexplained weight loss:
- New or persistent pattern:

3. Current List

- Medicines:
- OTC products:
- Vitamins, minerals, supplements:
- Recent timing or dose changes:

4. Best Next Question

- Clinician:
- Pharmacist:
- Dietitian:
- Therapist or gut-brain support:
- Caregiver or practical support:

5. One Sentence Handoff

I need help sorting this pattern: