

SARAA Biologics Registry: Initial ankylosing spondylitis form

Doctor:		MP no:	
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Patient demographic information

Title:		Initials:		First name:			
Surname:							
Date of birth (DD/MM/YYYY)				Male/Female:			
ID number:							
Telephone:							
Medical aid:				Number:			
Date of assessment:				Date of diagnosis:			

Co-morbidities and past medical history

ICD10		Date of onset		Treatment	
ICD10		Date of onset		Treatment	
ICD 10		Date of onset		Treatment	

Any contraindications:

Tuberculosis assessment (Please provide faxed reports for CXR and TB tests)

CXR:	Date:		Result:	
PPD	Date	< 5mm	If > 5mm record size	Prophylaxis: If Yes, which drugs
TB quantiferon positive:yes/no				
TB exposure history:				
Hepatitis B and C				

Past and present drug therapy

NSAID use:	NSAID 1		Duration of use:	
	NSAID 2:		Duration of use:	
Steroid use:	Oral		Parenteral	
DMARD	Start date	Ongoing or stopped	current dose	reason for stopping
Methotrexate				
Salazopyrine				
Other				

Disease Activity

Date	BASDAI score	Spinal pain VAS	BASFI score	HLAB27				
Blood tests	Date	WBC	HB	PLT	ALT	AST	Creat	CRP

Biological therapy

Biologic requested	Revellex	Humira	Enbrel	Other
Dose:				
SARAA Biologic approval number:				
SARAA Biologic patient number:				
Motivation:				