

SARAA Biologics Registry: Follow up JIA form

SARAA Biologic patient number: _____

Doctor: _____ MP no: _____

Patient demographic information

Title: _____ Initials: _____ First name: _____

Surname: _____

Date of birth (DD/MM/YYYY) _____ Male/female: _____

ID number: _____

Telephone: _____

Medical aid: _____ Number: _____

Change in co-morbidities

ICD 10		Date of onset:	Outcome	
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ICD 10		Date of onset:	Outcome	
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Adverse events

Infections: _____

Serious infections (hospitalisation): _____

Malignancies _____

Change in TB status yes/no: _____

Any hospitalisation _____

Other adverse events _____

Investigations

Latest bloods	Date	WBC	HB	Plt	ALT	AST	Creat

Drug therapy

Steroids Oral _____ Parenteral _____ IAS _____

Change in DMARDs or dose changes _____

Disease activity

	Dates	SJC	CRP	Systemic involvement:
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Baseline				
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Previous				
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Latest				
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Biologic therapy and approval

Biologic switch:yes/no _____

Change in biologic dose: _____

Biologic and dose _____

SARAA Biologic approval number: _____

Motivation: _____