

SARAA Biologics Registry: Follow up rheumatoid arthritis 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: _____

Co-morbidities

ICD 10 _____ Date of onset: _____ Outcome _____

ICD 10 _____ Date of onset: _____ Outcome _____

Adverse events

Infections: _____

Serious infections (hospitalisation): _____

Malignancies _____

Change in TB status: _____

Any hospitalisation _____

Any other adverse events _____

Pregnancy _____

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	TJC	SJC	Phy global	Pat global	CRP	SDAI	HAQ
Baseline								
Previous								
Latest								

Biologic therapy

Biologic switch:yes/no _____

Change in biologic dose: _____

Biologic and dose _____

SARAA Biologic approval number: _____

Motivation: _____