

SARAA Biologics Registry: Initial rheumatoid arthritis 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	

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

DMARD	Start date	Ongoing or stopped	Dose	Reason for stopping
Methotrexate				
Salazopyrine				
Chloroquine				
Arava				
Corticosteroid use:	Oral:		Parenteral:	

Disease activity

Date	SJC	TJC	Physician global	Patient Global	CRP	SDAI		
HAQ	ACPA	RF	RA <2years + erosions	Nodules	Vasculitis	Scleritis		
Latest bloods		Date	WBC	HB	PLT	ALT	AST	Creat

Biologic requested and dose (dose in mg/kg for Revellex)

Revellex		Enbrel	
Humira		MabThera	
Other			
SARAA Biologic approval number:			
SARAA Biologic patient number:			
Motivation:			