

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

ICD 10

Date of onset:

Outcome

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:			
Baseline							
Previous							
Latest							

Biologic therapy and approval

Biologic switch:yes/no

Change in biologic dose:

Biologic and dose

SARAA Biologic approval number:

Motivation: