

**SARAA Biologics Registry: Initial JIA 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:	
<b>Date of assessment:</b>			<b>Date of diagnosis:</b>		

**Co-morbidities and past medical history**

ICD10		Date of onset		Treatment	
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**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:						
Vaccination status:						
Parental consent obtained (please attach)						

**Past and present drug therapy**

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

**Disease activity**

SJC	CRP	Systemic involvement:	Organ involvement:				
Enthesitis related JIA:		HLA B27					
Latest bloods	Date	WBC	HB	PLT	ALT	AST	Creat

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

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

Motivation: