

SARAA Biologics Registry: Ankylosing Spondylitis follow-up application



Doctor						MP no		
Date of assessment				Date of diagnosis				
Title		Initials		First name				
Surname:								
Date of birth (DD/MM/YYYY)						Gender	Male/Female	
Race								
ID number								
Telephone								
Medical aid and plan					Number			
Employment status								
Adverse events (Including Infections, hospitalizations, tuberculosis, death, pregnancies and congenital malformations)								
Adverse events			Onset date	Stop date	Related to biologic	Treatment		
Changes in DMARDS/NSAIDS/Biologics/Steroids								
Reason for discontinuation 1 = adverse event; 2 = remission; 3 = ineffective; 4 = other								
Drug	Start date	Stop date	Dose	Reason for discontinuation				
Disease activity								
Date	BASDAI	BASFI		Spinal pain			CRP	
Latest bloods	Date	WBC	HB	PLT	ALT	AST	Creat	
Current Biologic therapy								
Biologic therapy and dose								
Patient weight								
SARAA Biologic approval number								
SARAA Biologic patient number:								
Motivation :								

