SARAA Biologics Registry: Rheumatoid arthritis 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, hospitalisations, tuberculosis, death, pregnancies and congenital malformations)

Adverse events	Onset date	Stop date	Related to biologic	Treatment

Changes in DMARDS/Biologics/Steroids

Reason for discontinuation 1 = adverse event; 2 =remisson; 3 = ineffective; 4 = other

Drug	Start date	Stop date	Dose	Reason for stopping

Disease activity

Date	SJC	TJC	Phy GA	Patient GA	CRP		SDAI	HAQ
Latest bloods		Date	WBC	HB	PLT	ALT	AST	Creat

Current Biologic therapy

Biologic and dose	
Patient weight	
SARAA Biologic approval number	
SARAA Biologic patient number:	

Motivation :