



APPLICATION FOR BIOLOGIC THERAPY – ULCERATIVE COLITIS INITIAL

| Biologic agent applied for: | Dose: | |
|-----------------------------|---------------------|--|
| Date of application: | Date of assessment: | |

DOCTOR:

| Name: | | |
|---------|------------------|--|
| MP No: | SAGES Member No: | |
| Tel no: | Email address: | |

MEDICAL AID:

| Medical aid and plan: | No: | |
|-----------------------|--------|--|
| Main member: | ID NO: | |

PATIENT DETAILS:

| Surname: | | | | | Fir | First name: | | | | Ι | Initia | ls: | |
|--------------|-----|------------------------|--------|---------------|-------|--------------|------|----------|------|--------|--------|--------|-----|
| Race: | | | | | We | Weight (kg): | | | | (| Gend | er: | M/F |
| ID No: | | | | | | | Age: | | | | | | |
| Telephone N | No: | | H: | | | W: | | | Cell | l: | | | |
| Employmen | nt: | t: Full-time Part-time | | ne Disability | | | | Oth | er: | | | | |
| Smoking: | Ne | ever | At dia | agnosis | Ex-sr | noker | Cur | rent smo | ker | Hov | v mar | ny/day | |
| Email addres | s: | | | | | | | | Pos | tal co | ode: | | |

MEDICAL HISTORY:

| | Date | Diagnosis | Treatment |
|----|------|-----------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

SURGICAL HISTORY:

| | Date | Diagnosis | Treatment |
|----|------|-----------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

IBD HISTORY:

| Date (at least year) of 1 st diagnosis: | |
|--|----------|
| Onset of symptoms till diagnosis: | (months) |
| Disease location/extent: | |

IBD Medication: Corticosteroids:

| Courses last 12 months: | 1 2 3+ | Starting dose: | Tapered over weeks: |
|-------------------------|--------|----------------|-------------------------|
| Steroid dependent: Y/N | | Dose: | Steroid refractory: Y/N |

Immunosuppression:

| 11 | | | | | |
|--------------|------------|------|---------|-----------|---------------------|
| | Start date | Dose | Ongoing | Stop date | Reason for stopping |
| Azathioprine | | | | | |
| 6-MP | | | | | |
| Methotrexate | | | | | |

5-ASA:

| Agent | Start date | Dose | Ongoing | Stop date | Reason for stopping |
|----------|------------|------|---------|-----------|---------------------|
| Asacol | | | | | |
| Pentasa | | | | | |
| Mezavant | | | | | |

BIOLOGIC THERAPY:

| Biologic | Start date | Dose | Ongoing | Stop date | Reason for stopping |
|----------|------------|------|---------|-----------|---------------------|
| Revellex | | | | | |
| Humira | | | | | |
| | | | | | |

TB Risk assessment:

| CXR: | Date: | | | Resi | ult: | | | |
|------------|-----------|--------|---------------------|------|------------|----|---------|-----------------|
| PPD: | Date: | | | Resi | ult (size) |): | Action: | |
| TB quant | iferon: | Date: | | | Result: | | | |
| Past histo | ory of TE | B: Y/N | Previous treatment: | | | | | Current TB: Y/N |
| TB proph | ylaxis: ` | Y/N | Drugs us | ed: | | | | |

MAYO SCORE (for assessment of ulcerative colitis activity):

| Date of assessment: | Score: |
|--------------------------------------|---|
| Please tick 1 box per number for 1-4 | |
| 1. Stool frequency/day: | Normal = 0 |
| | 1-2 more than normal = 1 |
| | 3-4 more than normal = 2 |
| | > 5 more than normal = 3 |
| 2. Rectal bleeding | None $= 0$ |
| | Streaks of blood with stool $<$ half the time $= 1$ |
| | Obvious blood with stool most of the time $= 2$ |
| | Passing blood only $= 3$ |
| 3. Endoscopic findings: | Normal/inactive disease $= 0$ |
| | Mild disease $= 1$ |
| | Moderate disease $= 2$ |
| | Severe disease = 3 |
| 5. Physicians Global Assessment: | Normal = 0 |
| | Mild disease $= 1$ |
| | Moderate disease $= 2$ |
| | Severe disease = 3 |

SHORT MOTIVATION:

| •• | ••• | ••• | ••• | ••• | • | ••• | ••• | ••• | ••• | • | ••• | ••• | •• | •• | •• | ••• | ••• | ••• | • | •• | ••• | •• | •• | • | •• | •• | • | ••• | •• | ••• | • | •• | •• | ••• | • | •• | ••• | ••• | •• | ••• | •• | •• | • | •• | •• | •• | •• | •• | •• | •• | •• | •• | ••• | •• | ••• | ••• | ••• | •• | •• | •• | ••• | ••• | ••• | |
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