



South African Gastroenterology Society

**APPLICATION FOR BIOLOGIC THERAPY - CROHN'S DISEASE  
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:		First name:		Initials:	
Race:		Weight (kg):		Gender:	M/F
ID No:		Age:			
Telephone No:		H:		W:	Cell:
Employment:	Full-time	Part-time	Disability	Other:	
Smoking:	Never	At diagnosis	Ex-smoker	Current smoker	How many/day
Email address:				Postal code:	

**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 <sup>st</sup> diagnosis:					
Onset of symptoms till diagnosis:	(months)				
Disease location/extent:					
Inflammatory:		Penetrating:		Stricturing:	
Fistulizing:		Number of fistula:		Site:	

**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:**

	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					
Mexavent					

**BIOLOGIC THERAPY:**

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

**TB Risk assessment:**

CXR:	Date:		Result:		
PPD:	Date:		Result (size):		Action:
TB quantiferon:	Date:		Result:		
Past history of TB: Y/N	Previous treatment:		Current TB: Y/N		
TB prophylaxis: Y/N	Drugs used:				

**HARVEY-BRADSHAW INDEX:**

Date of assessment:		Score:	
Please tick 1 box per number for 1-4			
1. General well-being (yesterday):	Very well = 0 Slightly below par = 1 Poor = 2 Very poor = 3 Terrible = 4		
2. Abdominal pain (yesterday):	None = 0 Mild = 1 Moderate = 2 Severe = 3		
3. Number of liquid or soft stools per day (yesterday) =			
4. Abdominal mass:	None = 0 Dubious = 1 Definite = 2 Definite and tender = 3		
5. Complications: (tick all applicable – score 1/item)	None = 0 Arthralgia Uveitis Erythema nodosum Aphthous ulcers Pyoderma gangrenosum Anal fissure New fistula Abscess		

**SHORT MOTIVATION:**

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