



South African Gastroenterology Society

**APPLICATION FOR BIOLOGIC THERAPY - CROHN'S DISEASE  
FOLLOW-UP**

<b>SAGES Biologic Approval number:</b>		<b>Patient number:</b>	
<b>Date of assessment:</b>		<b>Date of diagnosis:</b>	

**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:	
Employment:	Full-time	Part-time	Disability	Other:	
Smoking:	Never	At diagnosis	Ex-smoker	Current smoker	How many/day
Email address:				Postal code:	

**ADVERSE EVENTS: (Infections, Hospitalization, TB, Death, Pregnancy, Other)**

Event	Onset date	Stop date	Related to Biologic	Treatment

**CHANGE IN MEDICATION: (Steroids/Immunosuppressives/Biologic)**

Drug	Dose	Start date	Stop date	Reason for change

**HARVEY-BRADSHAW INDEX:**

	Date of assessment	Score
1.		
2.		
3.		

**BIOLOGIC THERAPY TO CONTINUE:**

Biologic:		Dose:	
-----------	--	-------	--

Anti-TNF level:

	Date of assessment	Level
1.		
2.		
3.		

**SHORT MOTIVATION:**

.....  
.....  
.....  
.....  
.....