



RHEUMATIC DISEASES

رقم المعاملة

New Application

Renewal

Patient Information

إسم المريض الثلاثي : تاريخ الولادة:/...../..... : ذكر أنثى
المحافظة والقضاء : البلدة : الشارع : ملك :
هاتف :/..... رقم بطاقة الهوية :

Medical Information

➤ Diagnosis:

<input type="checkbox"/> Rheumatoid Arthritis RA (M06.9)	<input type="checkbox"/> Ankylosing spondylitis AS (M45)	<input type="checkbox"/> nr-axSpA (M45)	<input type="checkbox"/> Psoriatic Arthritis PsA (L40.5)
<input type="checkbox"/> Systemic Diseases (specify):.....	<input type="checkbox"/> Vasculitis (L95.9) (specify):.....	<input type="checkbox"/> Others (specify):.....	

➤ Current Disease Activity (to be completed as per the diagnosis):

Rheumatoid Arthritis RA	Axial Spondyloarthritis (AS and nr-axSpA)	Psoriatic Arthritis PsA
DAS-28 (CRP):	ASDAS-ESR/CRP:.....	DAPSA:.....
DAS-28 (ESR):	BASDAI:.....	

➤ Detailed report, including:

- **Screening** : Quantiferon TB Test, PPD, HBsAg, HBc Antibodies, HCV antibodies,...
- **Serology** : RF, ESR, CRP, ACPA, Auto antibodies, HLA,...
- **Radiology** : Chest X-Ray, Standard X-Ray, MRI, Others...
- **Vaccination** : Influenza, Pneumocoque,...
- **Comorbidities**

Treatment Information

➤ Therapy requested

Biologic or tsDMARDs:	Frequency:
Dosage:.....	Expected Duration of treatment:.....
Administration mode: <input type="checkbox"/> PO <input type="checkbox"/> SQ <input type="checkbox"/> IV	Patient's WeightKg; Patient's Height.....Cm

➤ Previous/Concomitant Therapy:

Previous DMARDs (Conventional, targeted synthetic or biologic DMARDs)	Duration	Reasons for stopping
		<input type="checkbox"/> Failure/ Inadequate Response <input type="checkbox"/> Side Effect.....
		<input type="checkbox"/> Failure/ Inadequate Response <input type="checkbox"/> Side Effect.....
		<input type="checkbox"/> Failure/ Inadequate Response <input type="checkbox"/> Side Effect.....

Physician Information

Name:..... Specialty LOP Registration No:.....
Phone Nb:...../..... Date : /..... /..... Signature & Stamp :

❖ Documents to be submitted :

1. اخراج قيد لايتعدى صلاحيته عن ٦ اشهر مع صورة عن بطاقة الكرنيتينا
2. الوصفة الطبية (واضحة) من قبل الطبيب المعالج
3. تقارير الفحوصات المخبرية والشعاعية (حديثة)
4. **N.B :** This form must be completed clearly by the rheumatologist , all information and original documents should be attached