



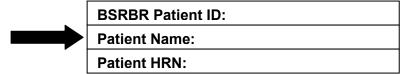


BSRBR COMPARISON COHORT SWITCH FORM

FOR USE WHEN PATIENTS ALREADY REGISTERED AS A COMPARISON COHORT PATIENT WITH THE BSRBR SWITCHES TO ANY BIOLOGIC DRUG

I can confirm this patient is already registered with the BSRBR <u>as a comparison cohort patient</u> (please provide details)

Please provide details of the new drug:



Dose/s (please also provide dates of administration):

<u>I can confirm that this patient is starting a biologic drug and understand that follow up of them as a BSRBR comparison cohort patient will no longer continue</u>

Name of biologic drug:						
Biologic therapy start date:	-					
Please indicate the current disease activity (i.e. at the time that this biologic agent was started):	3. Co-morbidity: Has the patient <u>ever</u> had (i.e. required treatment for) any of the following: Don't					
	ı	Yes No		Year	of onset	
28 tender joint count	High blood pressure					
28 swollen joint count	Angina					
ESR <u>OR</u>	Heart attack					
CRP	Stroke					
Patient global assessment (VAS)	Epilepsy					
Date of DAS:/	Asthma					
<u></u>	COPD					
Drug therapy - Please list all of the patient's	Peptic ulcer					
<u>current</u> treatment, for any indication (i.e. at the time that the biologic agent was started)	Liver disease					
time that the biologic agent was started)	Renal disease					
	ТВ					
	Demyelination					
	Diabetes					
	Hyperthyroidism					
	Depression					
	Cancer [‡]					
	this patient that you	Please attach this form to the follow up questionnaire for this patient that you have received from the BSRBR, and return to us in the pre-paid envelope provided. Many thanks!				