**6 month follow up Data Collection Form**

**Patient CHI**……………

**Date**

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Revised September 2016

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| **1.DIAGNOSIS**   |  |  | | --- | --- | | **JIA subclass** | *Please tick* | | Systemic Onset JIA |  | | Oligoarticular JIA |  | | Extended oligoarticular JIA |  | | Polyarticular JIA (RF positive) |  | | Polyarticular JIA (RF negative) |  | | Psoriatic arthritis |  | | Enthesitis related arthritis |  | | other inflammatory arthritis |  | | unclassifiable |  | |
| **2. MEDICATION** Date Started     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Abatacept |  |  | IAS |  | | Adalimumab |  |  | Infliximab |  | | Anakinra |  |  | IV IgC |  | | Azathioprine |  |  | Methotrexate |  | | Benepali |  |  | Mycophenolate Mofetil (Cellcept®) |  | | Canakinumab |  |  | Prednisolone |  | | Ciclosporin |  |  | Remicade |  | | Colchicine |  |  | Remsima |  | | Cyclophosphamide |  |  | Rituximab |  | | Enbrel |  |  | Sulfasalazine |  | | Etanercept |  |  | Tacrolimus (Prograf®) |  | | Folic Acid |  |  | Tocilizumab |  | | Hydroxychloroquine |  |  | Data not available |  | |
| **3. DATES**   |  |  | | --- | --- | | Onset of symptoms |  | | Date of referral |  | | Date first seen in appropriate OP |  | | Date of referral to eye clinic |  | | Date of first successful eye screening |  | | Date SPARN info pack given |  | |