**6 month follow up Data Collection Form**

**Patient CHI**……………

**Date**

……/……./……….

Revised September 2016

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |

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| **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 |  |

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| **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 |  |

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