

Ontario Biologics Research Initiative: Safety and Effectiveness Study



University Health Network
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Site: ___ ___

Patient Number: ___ ___

Patient Initials: ___ ___

CONCURRENT ANTI-RHEUMATIC MEDICATIONS (For Dosage changes, record as new entry)										
Medication Name	Dose				Start Date (dd/mm/yyyy)	Stop Date (dd/mm/yyyy)	Visit Date	Visit Date	Visit Date	Visit Date
	Qty	Units	Freq	Route			___/___/___ (dd/mm/yyyy)	___/___/___ (dd/mm/yyyy)	___/___/___ (dd/mm/yyyy)	___/___/___ (dd/mm/yyyy)
<i>Please initial after reviewing / updating at each assessment</i>										
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				
				po sc other	___/___/___	___/___/___ 1° Failure AE 2° Failure Oth*__				

1° Failure = Never achieved response, **2° Failure** = Failure to maintain response after ≥ 3 months
***Other:** **1** = Reimbursement Issues, **2** = Patient Decision, **3** = Physician Decision, **4** = Improvement, **5** = Completed Treatment, **6** = Dosage Change, **7** = Pregnancy, **8** = Other

COMMENTS: