



British Society for Rheumatology

Rheumatoid Arthritis Register

Registering a New Patient

Additional Info

Continue to **Additional Info**
Complete all sections where information is available.

| | |
|--|---|
| Patient | Additional Info |
| Patient Summary | Smoking status |
| CBQ | Does the patient currently smoke or have they previously smoked? |
| Consent | <input type="radio"/> Current Smoker |
| Disease Activity | <input type="radio"/> Ex-Smoker |
| Biologic Targeted Therapy | <input type="radio"/> Never Smoked |
| Other Current Therapy | <input type="radio"/> Not Available |
| Previous Biologics / DMARDs / Steroids | Blood Pressure |
| Comorbidity | Systolic (mm) <input type="text"/> |
| Additional Info | Diastolic (mm) <input type="text"/> |
| HRQoL | Biometrics |
| HAQ | Height (cm) <input type="text"/> |
| EuroQoL | Weight (kg) <input type="text"/> Weight not available: <input type="checkbox"/> |
| Close Edit Window | BMI <input type="text" value="0"/> |
| Feedback | |

Please complete the Chest X-Ray, TB test and Herpes Zoster vaccine question.

X-Ray

Did the patient have a chest x-ray prior to starting the new therapy? Yes No

TB Test

Has the patient had a QuantiFERON, ELISPOT (or other Gamma interferon based assays for TB) test? Yes No

Details

Test Date

dd/mm/yyyy

Herpes zoster Vaccine

Has the patient received the Herpes zoster vaccine? Yes No Don't Know

Vaccination Date

dd/mm/yyyy

Save and Next Section

Tutorial

→ Continue to add HAQ & EuroQol (EQ-5D)