

CHECK LIST FOR BIOLOGICS

PATIENT NAME:

DATE:

1	Has patient had written information?	Yes	No
2	Has patient been made aware of different treatment options?	Yes	No
3	Is patient aware of infection risk?	Yes	No
4	Is patient aware of rules re Immunisation?	Yes	No
5	Is patient aware of TB issues – chest x-ray, mantoux, BCG scar?	Yes	No
6	Is patient aware of possible risks of new cancers as yet unproven, small excess risk of lymphoma's? Long-term data currently reassuring	Yes	No
7	Is patient aware of unknown fertility risks (teratogenicity), the need for contraception for six months after treatment finishes?	Yes	No
8	Is the patient on a DMARD such as Methotrexate, Azathioprine or Leflunomide?	Yes	No
9	Patient's weight	Kg	
10	Have routine bloods been taken? CBC, creatinine, LFTs, CRP, ESR, plus ANA and anti-DS DNA	Yes	No
11	Hepatitis serology checked and seen?	Yes	No
12	Outcome measures clearly documented eg SJC	Yes	No
13	Patient needs to have 'flu vaccination/pneumovax recommended prior to treatment	Yes	No

Signature

Feb 2010.HA/sd