PATIENT TRANSFER CARD

WITH DIAGNOSIS: **JUVENILE IDIOPATHIC ARTHRITIS**

FROM PEDIATRIC TO ADULT CARE

Polish Society for Rheumatology Developmental Age Section

|  |  |
| --- | --- |
| **Department of Pediatric Rheumatology**  Address  Telephone number  E-mail address: |  |
| Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient first and last name** |  | | | | | | | | | | | | | | | | | | | |
| **Indentification No/PESEL** |  | | | | | | | | | | | | | | | | | | | |
| **Education status** |  | | | | | | | | | | | | | | | | | | | |
| **Date of the last check-up** |  | | | | | | | | | | | | | | | | | | | |
| **JIA subtype** | **oligo- articular** | | **poly- articular**  **RF(-)** | | | **poly- articularRF(+)** | | | | | **Systemic**  **JIA** | | **ERA JIA** | | | | **psoriatic**  **JIA** | | | **other** |
| **Lab tests** | **RF** positive/negative | | | **anti-CCP** positive/negative | | | | | | **ANA** titer | | **HLA-B27** positive/negative | | | | | | **HLA Cw6** positive/negative | | |
| **Initial disease activity** | **ESR** | **CRP** | | | **VAS (1-10)** doctor disease activity | | | | | | **VAS (1-10)** patient disease activity | | | **Active joints number** | | | | | **Joints with LOM** | |
| **Disease activity at last check up** | **ESR** | **CRP** | | | **VAS (1-10)** doctor disease activity | | | | | | **VAS (1-10)** patient disease activity | | | **Active joints number** | | | | | **Joints with LOM** | |
| **Remission on treatmet – No of months** | | | | | | | | | **Remission without treatment – No of months** | | | | | | | | | | | |
| **Imaging tests/date** | **Ultrasound (0-3)**  **Effusion:**  **Synovitis:**  **PDUS activity:** | | | | | | | **X-ray** | | | | | | | **RM/ CT** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **TRAETMENT** | **Actual dose** | | | | | | Previousely / till what date | | | | | | | | | Comments (ineffectiveness, side effects) | | | | |
| **Methotrexate** |  | | | | | |  | | | | | | | | |  | | | | |
| **Hydroxychlorochin/ chlorochin** |  | | | | | |  | | | | | | | | |  | | | | |
| **Sulfasalazin** |  | | | | | |  | | | | | | | | |  | | | | |
| **Cyklosporin A** |  | | | | | |  | | | | | | | | |  | | | | |
| **Adalimumab** |  | | | | | |  | | | | | | | | |  | | | | |
| **Etanercept** |  | | | | | |  | | | | | | | | |  | | | | |
| **Tocylizumab** |  | | | | | |  | | | | | | | | |  | | | | |
| **Other DMARDs** |  | | | | | |  | | | | | | | | |  | | | | |
| **Systemic steroids** |  | | | | | |  | | | | | | | | |  | | | | |
| **Intra articular steroids** |  | | | | | |  | | | | | | | | |  | | | | |
| **Complications:**  **uveitis**  **cushingoid symptoms**  **others** |  | | | | | | | | | | | | | | | | | | | |
| **comorbities** |  | | | | | | | | | | | | | | | | | | | |
| **Contraceptive methods** | YES/NO | | | | | | | | | | | | | | | | | | | |
| **Self care abilities** |  | | | | | |  | | | | | | | | |  | | | | |
| **other** |  | | | | | | | | | | | | | | | | | | | |
| **Name of pediatric rheumatologist** |  | | | | | | Adult Rheumatology Center | | | | | | | | |  | | | | |