

BIOLOGIC THERAPY

(Etanercept, Alefacept, Infliximab, Ustekinumab)

PATIENT INFORMATION/HISTORY

- Do you get frequent infections? _____

- Have you ever had a serious reaction or life-threatening infection? If yes, please describe _____

- Do you have or have you ever been treated for:
 - Tuberculosis _____
 - Hepatitis _____
 - AIDS _____
 - Internal fungal infection _____ If yes, please describe _____

- Have you ever been vaccinated against:
 - TB _____, if yes, when _____
 - Hepatitis _____, if yes, when _____

- Have you ever lived or had an extended stay (greater than two weeks) in:
 - Southwestern United States _____
 - Ohio River Valley _____
 - Mississippi River Valley _____

- Do you have or do your grandparents, parents, brothers, sisters or children have:
 - Multiple Sclerosis (MS) _____
 - Guillain-Barre Syndrome _____
 - Transverse Myelitis _____
 - Optic Neuritis _____
 - Seizures _____
 - Paralysis _____ If yes, please explain _____

- Do you now have:
 - Visual changes _____
 - Sensory loss or changes in sensation _____
 - Weakness _____
 - Difficulty walking _____

- Do you have or have your family members had:
 - Lymphoma _____
 - Non-Hodgkins Lymphoma _____
 - Cutaneous T-Cell Lymphoma _____
 - Leukemia _____
 - Any other type of cancer _____ If yes, please explain _____

Patient or Guardian Signature

Date

02/10 #49.1 _____

Nurse Initials