NATIONAL DERMATOLOGY REGISTRY (DermReg)
Malaysian Psoriasis Registry
Biologic Treatment Initiation Form

Instructions: Where check boxes ❑ are provided, check (✓)one or more boxes. Where radio buttons ⊙ are provides, check (✓) one button only	***CONFIDENTIAL*** For official use only: ID: Centre

Doctors' name	
Name of institution	

SECTION 1: DEMOGRAPHIC DETAILS

1. Visit date (dd/mm/yyyy)	☐☐ / ☐☐ / ☐☐☐☐
2. Name of patient	
3. NRIC	MyKad/MyKid: ☐☐☐☐☐☐ — ☐☐ — ☐☐☐☐ Old IC: ☐☐☐☐☐☐☐☐ Other ID document No : ________ Specify type of ID : ....

SECTION 2 : MEDICAL HISTORY

1. History of tuberculosis	⊙ No ⊙ Yes If yes, please specify:	
	Date of diagnosis (dd/mm/yyyy)	☐☐ / ☐☐ / ☐☐☐☐
	Type of tuberculosis	⊙ Latent tuberculosis ⊙ Pulmonary tuberculosis ⊙ Extrapulmonary tuberculosis Specify organ involved:___________________________
	Completed anti-TB treatment?	⊙ No ⊙ Yes
2. History of cancer	⊙ No ⊙ Yes, specify ________________________________	
3. History of neurological disease	⊙ No ⊙ Yes, specify ________________________________	
4. History of liver disease	⊙ No ⊙ Yes, specify ________________________________	
5. History of cardiovascular disease	⊙ No ⊙ Yes, specify ________________________________	
6. Previous systemic treatment	⊙ No ⊙ Yes If yes, please specify:	

Systemic agent	Reasons for stopping
❑ Phototherapy	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Oral methotrexate	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Parenteral methotrexate	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Acitretin	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Sulphasalazine	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Cyclosporin	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Hydroxyurea	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Systemic corticosteroids	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Biologic therapy, specify ____________	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________
❑ Other systemic agent, specify ________	❑Poor response ❑Intolerance ❑Adverse effects ❑Others (specify) ____________

SECTION 3 : CLINICAL EXAMINATION

a) Weight: ☐☐☐ kg **b) Blood pressure:** ☐☐☐ / ☐☐☐ mmHg

c) PRE-TREATMENT PASI EVALUATION

Body region	Plaque characteristic *0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe*			Percentage involvement of each body region
	Erythema	Thickness	Scaling	
Head	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙ None ⊙ 1 - 9% ⊙ 10 - 29% ⊙ 30 – 49% ⊙ 50 – 69% ⊙ 70 – 89% ⊙ 90 – 100%
Upper limbs	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙ None ⊙ 1 - 9% ⊙ 10 - 29% ⊙ 30 – 49% ⊙ 50 – 69% ⊙ 70 – 89% ⊙ 90 – 100%
Trunk	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙ None ⊙ 1 - 9% ⊙ 10 - 29% ⊙ 30 – 49% ⊙ 50 – 69% ⊙ 70 – 89% ⊙ 90 – 100%
Lower limbs	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙0 ⊙1 ⊙2 ⊙3 ⊙4	⊙ None ⊙ 1 - 9% ⊙ 10 - 29% ⊙ 30 – 49% ⊙ 50 – 69% ⊙ 70 – 89% ⊙ 90 – 100%

SECTION 4 : INVESTIGATIONS

1. Mantoux test	____________ mm ❑ Not done because ______________________________________
2. Laboratory values (within last 6 months)	(see table below)
3. Interferon-γ release assay	⦿ Negative ⦿ Positive ⦿ Not available
4. Chest X-ray	⦿ Normal ⦿ Abnormal ⦿ Not available If abnormal, specify findings ____
5. Hepatitis B status	⦿ Negative ⦿ Positive ⦿ Not available (If positive, please tick ONE or MULTIPLE) → ⦿ HBsAg ⦿ HBcAb ⦿ HBeAg ⦿ anti-HBe
6. Hepatitis C status	⦿ Negative ⦿ Positive ⦿ Not available
7. HIV status	⦿ Negative ⦿ Positive ⦿ Not available

	Result	Date
Haemoglobin (g/DL):		
White cell count (x10^9/L):		
Platelet (x10^9/L):		
Urea (mmol/L):		
Creatinine (umol/L):		
Aspartate Aminotransferase (AST) (U/L):		
Alanine transaminase (ALT) (U/L):		

SECTION 5 : BIOLOGIC TREATMENT

a) Indication for biologic treatment	❑	Phototherapy and standard systemic therapy are contraindicated
	❑	Intolerant to phototherapy and standard systemic therapy
	❑	Failed phototherapy and standard systemic therapy
	❑	Other indication, specify ______________________________
b) Source of funding	❑	Self
	❑	Personal insurance
	❑	Sample
	❑	Zakat
	❑	Tabung Bantuan Perubatan (TBP)
	❑	Jabatan Perkhidmatan Awam (JPA)
	❑	Corporate insurance
	❑	Others, specify

SECTION 6 : CURRENT BIOLOGIC TREATMENT

1. Biologic agent	⦿ Infliximab ⦿ Secukinumab ⦿ Guselkumab ⦿ Adalimumab ⦿ Ixekizumab ⦿ Risankizumab ⦿ Etanercept ⦿ Others, specify ____________ ⦿ Ustekinumab
2. Date start (dd/mm/yyyy)	☐☐ / ☐☐ / ☐☐☐☐
3. Dose	

SECTION 7 : CONCOMITANT SYSTEMIC TREATMENT

1. Concomitant systemic treatment / phototherapy	⦿ No ⦿ Yes, ❑ Phototherapy ❑ Oral methotrexate ❑ Parenteral methotrexate ❑ Acitretin ❑ Sulphasalazine ❑ Cyclosporin ❑ Hydroxyurea ❑ Systemic corticosteroids ❑ Others, specify ____________________