1. **IDENTIFICAÇÃO DO PACIENTE**

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| Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Idade: \_\_\_\_\_\_\_\_\_  Código do usuário Unimed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo: ( ) F ( ) M  Peso atual:\_\_\_\_\_\_\_\_\_\_\_ Peso habitual:\_\_\_\_\_\_\_\_\_\_\_ Altura:\_\_\_\_\_\_\_\_\_\_\_ IMC:\_\_\_\_\_\_\_\_\_\_ |

1. **IDENTIFICAÇÃO DO MÉDICO ASSISTENTE**

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| Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CRM:\_\_\_\_\_\_\_\_\_\_  Especialidade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Médico cooperado Unimed: Sim ( ) Não ( ) |

1. **DADOS DA PATOLOGIA**

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| **1 ) Indicação Clínica**: ( ) Artrite Reumatóide ( ) Artrite Psoriásica  ( ) Espondilite Anquilosante  **2 ) Início e Tempo de evolução da doença**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **3 ) Relato detalhado do caso clínico:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4 ) Tratamentos prévios (DMARDs e AINHs):**

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| **Drogas** | **Dose** | **Tempo de Utilização** |
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| **5) Motivo da suspensão do último tratamento:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **TRATAMENTO PROPOSTO**

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| **6 )** Droga:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nº desta Aplicação: \_\_\_\_\_\_\_\_  Esquema Proposto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EV ( ) SC ( ) |

1. **DADOS DE ATIVIDADE DA DOENÇA**

**7) Exames atualizados: Data \_\_\_/\_\_\_/\_\_\_\_\_\_\_**

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| Ht : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hb : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leucócitos : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PCR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fator reumatóide:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HBSAg:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AntiHBS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AntiHBC: IGG\_\_\_\_\_\_\_\_ IGM\_\_\_\_\_\_\_ |

**8 ) Situações concomitantes:** ( ) Doença desmielinizante ( ) Gestação/ amamentação

( ) Infecção aguda ( ) ICC grau III/IV ( ) Nenhum

**9 ) Triagem para Tuberculose:** PPD: ( ) Até 5mm ( ) Acima 5mm ( ) não reagente

Rx tórax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10) Índice de Atividade (preencher conforme patologia ):**

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| * **Artrite Reumatóide** | DAS 28:\_\_\_\_\_\_\_\_\_\_ | ou CDAI: \_\_\_\_\_\_\_\_\_\_\_ | ou SDAI:\_\_\_\_\_\_\_\_ |
| * **Artrite Psoriásica**: | DAS 28:\_\_\_\_\_\_\_\_\_\_ | ou BASDAI:\_\_\_\_\_\_\_\_\_ |  |
| * **Espondilite Anquilosante**: | BASDAI:\_\_\_\_\_\_\_\_\_ | ou ASDAS: \_\_\_\_\_\_\_\_\_ |  |

**11) Dados Clínicos:**

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| * Nº Artic. Acometidas:\_\_\_\_\_\_\_\_\_ Nº Artic. Dolorosas:\_\_\_\_\_\_\_\_\_\_ Nº Artic. Edemaciadas:\_\_\_\_\_\_\_\_\_\_ * Comprometimento: Axial ( ) Periférico ( ) Ambos ( ) * Escala Visual Analógica: \_\_\_\_\_\_\_\_ |

\*OBSERVAÇÕES:

* ANEXAR TERMO DE CONSENTIMENTO INFORMADO PARA USO DE DMARD BIOLÓGICO
* A COBERTURA DO TRATAMENTO SE DARÁ DE ACORDO COM AS DIRETRIZES DE UTILIZAÇÃO DO ROL VIGENTE.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura e carimbo do médico assistente  Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |