1. **IDENTIFICAÇÃO DO PACIENTE**

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| Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Idade: \_\_\_\_\_\_\_\_\_ Código do usuário Unimed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo: ( ) F ( ) MPeso 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 ):**

|  |  |  |  |
| --- | --- | --- | --- |
| * **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: \_\_\_\_\_\_\_\_

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 \*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 assistenteData: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |