

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC/CONVENTIONAL COHORT:



BIR
Biologic Interventions Register

Event of Special Interest: Serious Psoriasis Flare

PASI on admission:

PASI date:

If GPP:

GPPGA on admission:

GPPASI on admission:

Time to pustular clearance:

GPPGA/GPPASI at Week 1, Week 2 and Week 3

Treatment given:

[Empty box for treatment given]

Did the patient have any of the following immediately prior to admission?

- | | | | | |
|---|---|------------------------------|-----------------------------|-------------------------------------|
| 1 | Infection (state organism + site if possible) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 2 | Alcohol abuse
How many units/week _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 3 | Stress (please give details) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 4 | Change in concomitant medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 5 | Change in psoriasis treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

Other relevant information (give details if any 'yes' boxes ticked above)

Other possible triggers

If you have any questions please call the Register office on: 0161 306 1911

Form completed
By: _____
On: ____ / ____ / ____

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section