

# Immunoglobulin Database - Follow up Form

## Patient Details

Patient Name: \_\_\_\_\_

Trust ID (Hospital Number): \_\_\_\_\_

NHS / CHI Number: \_\_\_\_\_

Database Identifier: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Consultant name: \_\_\_\_\_

## Follow Up Details

Follow-up Date: \_\_\_\_\_

Current state of treatment?                      Post-first treatment / Annual Review / Ongoing Review

Patient has confirmed they have been supported in Self Management: **Yes / No / Not Applicable / Unknown**

Adverse Reactions since last Follow-up? None / Mild / Moderate / Severe

Follow-up Outcome?                      Patient Died / Patient No Longer Seen / Continuing Treatment / Unknown /

Transferred to Another Trust: \_\_\_\_\_

Follow-up Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Follow up Date: \_\_\_\_\_

Signature / Print Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

## Outcomes for Review

Outcome for Review	Value

**Database completion** (Once information is entered onto the database please send a copy to the panel/file in patients notes)

Database patient identifier

Date of data entry onto database

Name of person entering data