3. PREVIOUS TREATMENT DETAILS

If the patient’s current Psoriasis treatment entered above is different to that recorded at the last follow up, please give details:

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Dose (mg)</th>
<th>Frequency</th>
<th>Date started</th>
<th>Date of last dose</th>
<th>Stop reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
<td></td>
</tr>
<tr>
<td>Ustekinumab</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
<td></td>
</tr>
<tr>
<td>Other - write name</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
<td></td>
</tr>
</tbody>
</table>

* Stop reasons - state all the reasons that are applicable

1 - inefficacy  2 - Remission  3 - Adverse Events  4 - Other - please give details

2. CURRENT TREATMENT DETAILS

Please tick the boxes and complete details for all the patient’s current or expected Psoriasis treatments:

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Dose (mg)</th>
<th>Frequency</th>
<th>Date started</th>
<th>Date of most recent dose</th>
<th>Time of dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologic drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adalimumab</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
<td></td>
</tr>
<tr>
<td>Ustekinumab</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
<td></td>
</tr>
<tr>
<td>Other - write name</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conventional and Small Molecule drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
</tr>
</tbody>
</table>

If the patient is taking Methotrexate, is this being taken subcutaneously (by injection)?  YES  NO

3. PREVIOUS TREATMENT DETAILS

If the patient’s current Psoriasis treatment entered above is different to that recorded at the last follow up, please give details of changes:

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Dose (mg)</th>
<th>Frequency</th>
<th>Date started</th>
<th>Date of last dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
</tr>
<tr>
<td>Ustekinumab</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
</tr>
<tr>
<td>Other - write name</td>
<td></td>
<td></td>
<td>d d m m y y</td>
<td>d d m m y y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Stop reason</th>
</tr>
</thead>
</table>

* Stop reasons - state all the reasons that are applicable

1 - inefficacy  2 - Remission  3 - Adverse Events  4 - Other - please give details

4. DISEASE SEVERITY - Please indicate the current disease severity

<table>
<thead>
<tr>
<th>PASI</th>
<th>DLQI</th>
<th>Date of disease severity assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>d d m m y y</td>
</tr>
</tbody>
</table>

Psoriasis Global Assessment

<table>
<thead>
<tr>
<th>Severe</th>
<th>Moderate to Severe</th>
<th>Moderate</th>
<th>Mild</th>
<th>Almost Clear</th>
<th>Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
### 5. SAMPLE COLLECTION

**5a FOR PATIENTS ON OR STARTING BIOLOGIC THERAPY**
- Ideally collect at trough (before dosing)
- Spin in centrifuge at 1000g for 10 minutes, pipette into micro-tube
- Freeze within 4 hours

- Please tick boxes to confirm collection

| 2 x 5ml YELLOW TOP SST tube | □ | □ |

**5b FOR PATIENTS ON OR STARTING CONVENTIONAL THERAPY**
- Process as 5a above

- Please tick boxes to confirm collection

| 1 x 5ml YELLOW TOP SST tube | □ |

**5c FOR PATIENTS ON METHOTREXATE THERAPY**
- Not required before treatment has commenced
- DO NOT FREEZE, place in blue Royal Mail Safebox and mail to Guy’s Hospital

- Please tick boxes to confirm collection

| 1 x 4ml PURPLE TOP EDTA tube | □ |

**5d FOR PATIENTS SWITCHING OR STARTING A NEW TREATMENT**
- Collect before treatment start and then 4 and 12 weeks after treatment starts
- Ideally collect at trough (before dosing)
- Shake vigorously for 10 seconds immediately following collection

- Please tick boxes to confirm collection

| 1 x BLUE TOP TEMPUS tube | □ |

### Clinician’s Name

______________________________

### Clinician’s Signature

______________________________

### Date

```
  d  d  m  m  y  y
```