

RCP MATHEC FORM OTHER AUTOIMMUNE DISEASES

This form, as well as those pertaining to other autoimmune diseases, can be downloaded at the following link: <https://www.mathec.com/soignants/rcp-mathec/>

For each patient with other autoimmune disease: Please complete this form for each patient you wish to submit to the RCP MATHEC meeting and send it between 8 and 3 days before the desired date of assessment to the following address: valentina.unfer@aphp.fr or Fax to : **+33 01.42.49.94.78**

Referring Physician

Last Name :

First Name :

Email :

Name and address of hospital :

Telephone:

Fax :

Patient presented

Last Name (maiden name)

Last Name used :

First Name:

Sex :

Date of birth :

Address :

Telephone :

Diagnosis and initial level of disease burden

Date of first symptoms :

Date of Diagnosis :

Specific organ involvement (*heart, lungs, kidneys, digestive tract, central nervous system, peripheral nervous system, other*)

Disease progression since diagnosis

List different lines of therapy used, treatment response, and complications encountered

Clinical profile at last follow-up

Date : / /

Weight :

Height :

Cardiovascular assessment

SBP :mmHg DBP :mmHg Heart rate:beats/min

ECG :
Holter ECG 24h :

Echocardiogram:

Date : / /

LVEF :% EF :% sPAP :mmHg TAPSE:m/s

Dilated cardiomyopathy :
Valvular insufficiency :
Pericardial effusion: PH :

Cardiac MRI: no yes Date : / /

Result :

Pulmonary assessment

Smoking : never currently previous Quitting date : / / Packs per year :

Thoracic CT scan: no yes Date : / /

Result :
.....

Pulmonary Function Tests

Date : / /

| Air flow/volume | % Mean predicted value |
|-------------------|------------------------|
| FVC | |
| FEV | |
| FEV/VC max | |
| Spirometry | |
| VC max | |
| TLC | |
| RV | |
| Diffusion | |
| Corrected DLCO | |
| Corrected DLCO/VA | |

Conclusion :
.....

Right catheterization + salt load: no yes Date : / /
(10cc/kg isotonic saline serum at 37°C over 10min)

| | Pre-load | After-load |
|-------------|----------|------------|
| mPAP | | |
| PWP | | |
| RAP (UWood) | | |
| Blood flow | | |

Result :
.....
.....

Laboratory parameters

Date : / /

Biochemistry : Hb :.....g/dl WBC :...../mm³ Lymphocytes :..... /mm³
 Platelets :...../mm³ Creatinine :.....µmol/l Albumin :.....g/l
 Proteinuria 24h:g/24h

Assessment of inflammation : CRP :.....mg/l. fibrinogen :.....g/l

Assessment of infectious diseases :

| | Serology | | PCR | |
|---------------|----------|------|---------|------|
| | Results | Date | Results | Date |
| HIV 1/2 Ag+Ac | | | | |
| HTLV1/2 | | | | |
| CMV | | | | |
| EBV | | | | |
| HBV | Ac HBs | | | |
| | Ag HBs | | | |
| | Ac HBc | | | |
| | Ac HBe | | | |
| HCV | | | | |
| HHV8 | | | | |
| HSV1/2 | | | | |
| Toxoplasmosis | | | | |
| TPHA / VDRL | | | | |

Hepatitis B vaccination : no yes
 Pneumococcal vaccination : no yes
 Flu vaccination: no yes

CT sinus scan + Consultation in otorhinolaryngology:

Date : / /

Panoramic radiograph + consultation in oral medicine :

Date : / /

Gynecologic consultation + mammogram:

Date : / /

Current treatments