Severe Chronic Neutropenia International Registry
1107 NE 45th Street, Suite 345
Seattle, WA 98105
Phone 206-543-9749 Fax 206-543-3668

Patient's Full Name: _____

DOB: _____ / _____ / _____ Patient's ID #:_____
Month / Date / Year

Vasculitis

Please attach all pertinent reports.

1. How many episodes of vasculitis has your patient experienced?

   ☐ One ☐ Two ☐ Three ☐ More than three

   How would you characterize the vasculitis?

   ☐ Discreet episodes with long intervals in between (> 3 months between episodes).

   ☐ Relapsing chronic disorder with short vasculitis free intervals (< 3 months between episodes).

   ☐ Other *(specify)*: _____

2. Over what time period did these episodes occur?

   Months _____ Years _____

3. Which of the following therapeutic options have been used to treat the vasculitis? *(check all that apply)*

   ☐ Continued at same dose

   ☐ Continued at a reduced dose

   ☐ Interrupted then resumed at same dose

   ☐ Interrupted then resumed at reduced dose

   ☐ Discontinued

   ☐ Steroids *(specify route/dosage)*: _____

   _____

   ☐ Other immunosuppressants/therapy *(specify)*:

   _____

4. Etiology

   a. Please check any predisposing factors for your patient.

   ☐ immunoglobulin factor elevated

   ☐ rheumatoid factor elevated

   ☐ Diabetes Mellitus

   ☐ Other *(specify)*: _____

   _____

   _____

   b. Are flare ups related to any of the following?

   ☐ Infection

   ☐ Injury

   ☐ Increase in ANC (level) _____

   ☐ Reintroduction/dose increase in G-CSF

   ☐ Other *(specify)*: _____

   _____

   _____

   c. Other medications *(specify)*: _____

   _____

   _____

   _____

Comments:

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5. Complete the following table indicating all body systems involved with the vasculitis episode(s).

	Body System	Symptoms list all or enter none	Evaluation Method (list) Results (attach report)	Intermittent or Chronic (check one)	Severity	Comments
A.	**Skin** *check all areas involved* □ Lower limb □ Upper Limb □ Face □ Trunk		Method (list) Results (attach report)	□ Intermittent □ Chronic	□ Mild □ Moderate □ Severe	
B.	**Renal**		Method (list) Results (attach report)	□ Intermittent □ Chronic	□ Mild □ Moderate □ Severe	
C.	**GI Tract**		Method (list) Results (attach report)	□ Intermittent □ Chronic	□ Mild □ Moderate □ Severe	
D.	**Musculo-skeletal**		Method (list) Results (attach report)	□ Intermittent □ Chronic	□ Mild □ Moderate □ Severe	
E.	**Cardiac**		Method (list) Results (attach report)	□ Intermittent □ Chronic	□ Mild □ Moderate □ Severe	
F.	**Pulmonary**		Method (list) Results (attach report)	□ Intermittent □ Chronic	□ Mild □ Moderate □ Severe	

Please attach all pertinent reports.