

Name, first name:

Birth date:

TREATMENT ASSESSMENT

Date: *Day* *Month* *Year*

No treatment at this date

DISEASE MODIFYING TREATMENTS

Drug name	Posology			Status <i>Started / Ongoing / Stopped</i>	If stopped, reason
	Route <i>po / sc / im / iv</i>	Dose per intake	Frequency		Scheduled stop Lack of tolerance (local) Lack of tolerance (general) Lack of tolerance (biological) Lack of efficacy Patient's convenience Serious adverse event Other
	○—○—○—○			○—○—○	□□□□□□□□
	○—○—○—○			○—○—○	□□□□□□□□
	○—○—○—○			○—○—○	□□□□□□□□

RELAPSE THERAPY

<input type="checkbox"/>	Corticosteroids, i.v.	<i>Name</i>	
		<i>Posology</i>	
<input type="checkbox"/>	Corticosteroids, i.m.	<i>Name</i>	
		<i>Posology</i>	
<input type="checkbox"/>	Corticosteroids, p.o.	<i>Name</i>	
		<i>Posology</i>	
	Other, specify	<i>Name</i>	
		<i>Posology</i>	

SYMPTOMATIC TREATMENTS

Drugs	<i>Name</i>	
	<i>Posology</i>	
	<i>Name</i>	
	<i>Posology</i>	
	<i>Name</i>	
	<i>Posology</i>	
	<i>Name</i>	
	<i>Posology</i>	

NON MS-RELATED TREATMENTS

Drugs	<i>Name</i>	
	<i>Posology</i>	
	<i>Name</i>	
	<i>Posology</i>	
	<i>Name</i>	
	<i>Posology</i>	
	<i>Name</i>	
	<i>Posology</i>	