

PATIENT INFORMATION (Complete the following or include demographic sheet)

Name:	Phone #1:	Home	Cell	Work
Address:	Phone #2:	Home	Cell	Work
City:	State:	Zip:	Social Security Number:	
Email:	Primary Language:			

CLINICAL INFORMATION

Date of Birth:	Sex: Male Female	BSA: m ²	Weight: lbs kg	Height: inches cm
Patient Ethnicity:	Allergies:			No Known Allergies
ICD-10 Diagnosis Date:	ICD-10 Diagnosis			
	K50 Regional Enteritis	K50.1 Crohn's Large Intestine	K50.90 Crohn's Unspecified	K50.8 Crohn's Large & Small Intestine
	K51 Ulcerative Colitis	K72.90 Hepatic Encephalopathy	K58.0 Irritable Bowel Syndrome with Diarrhea (IBS-D)	
	Other:			
Has patient had a positive TB test?	Yes No	If yes, date of last chest x-ray:		

Previously Tried/Failed Medications (including dosage and frequency)	Date of Trial	Reason for Discontinuation

ENROLLMENT CHECKLIST (Please provide for all patients)

Insurance Cards	Last 2 Visit Notes	Most Recent Labs	Imaging (*If Available)	Current Medication List
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PRESCRIPTION INFORMATION - Pharmacy to coordinate injection training/home health nurse visit as necessary Yes No *(Ancillary supplies and kits provided as needed for administration)*

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Simponi® (golimumab) Enroll in SimponiOne	100mg Smartject 100mg Pre-filled syringe	Ulcerative Colitis Induction Dose: 200mg initially administered by subcutaneous injection at week 0, followed by 100mg at week 2, and then start maintenance at week 6 Ulcerative Colitis Maintenance Dose: 100mg administered by subcutaneous injection every 4 weeks starting at week 6		
Stelara® (ustekinumab) Enroll in CarePath	90mg/mL Prefilled Syringe 130mg/26mL Vial	Initiation Dose: Infuse mg as initial intravenous dose over 1 hour as directed by prescriber Inject 90mg subcutaneously starting 8 weeks after the initial IV induction dose Inject 90mg subcutaneously every 8 weeks		
Trulance™ (plecanatide)	3mg Tablets	Take 1 tablet by mouth once daily, with or without food		
Xifaxan® (rifaximin)	550mg Tablets	Hepatic Encephalopathy: Take 1 tablet by mouth twice daily IBS-D: Take 1 tablet by mouth three times daily for 14 days, may treat recurrence up to 2 times Take tablets times per day		
Viberzi® (CIV) (eluxadoline)	100mg Tablets 75mg Tablets	Take 1 tablet by mouth twice daily with food		

THE REMAINING GI MEDICATIONS ARE LOCATED ON BIOLOGICTX GASTROENTEROLOGY REFERRAL FORM A TO R

PRESCRIBER INFORMATION (NPI# and DEA# are mandatory and required)

Name:	Nurse/Key Contact:			
Practice/Hospital Name:				
Phone:	Fax:			
Address:	City:	State:	Zip:	
NPI#:	DEA#:	License #:		

DELIVERY INFORMATION

Ship to:	Patient	MD Office	Other
Needs By Date:			
Other Delivery Location:			

PHYSICIAN SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

X		X	
Dipense As Written	Date:	Product Substitution Permitted	Date:

PATIENT SUPPORT PROGRAMS: Please sign and date below to enroll in the pharmaceutical company assisted patient support program.

Patient Signature:	Date:
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