

## Patient personal details

Insurance number:.....  
Name: .....  
Date of birth:.....  
Date of interview:.....

Institute number:

Physician number:

## Immunological therapy\_\_\_\_\_

**Date:**

**Cycle:** 1/2/3/4/5/6...

**Type:** PD-1 inhibitor / PD-L1 inhibitor / CTLA-4 inhibitor / Other: ...

**Side effects:**

**Severity:**

Skin symptoms: Psoriasis worsening / Other: specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Thyroid gland disorders

(if yes: Hyperthyroidism / Hypothyroidism) specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Hypophysitis

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Diabetes mellitus

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Hepatological toxicity

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Diarrhoea

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Colitis

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Pneumonitis

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Neurological toxicity

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Cardiac toxicity

specify: Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

Rheumatological toxicity specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Renal toxicity specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Ocular toxicity specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Hematological toxicity specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Allograft rejection specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,
Other:..... specify:	Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,