Essential Rheumatology LLC
860-325-6908

Informed Consent for Immunosuppressive & Biologic Therapies

Purpose and Mechanism

You are being prescribed or scheduled to receive a specialized medication (e.g., DMARD, Biologic, or Targeted Synthetic DMARD) to manage your autoimmune or inflammatory condition. These medications work by modulating or suppressing specific parts of your immune system to reduce joint damage, pain, and systemic inflammation.

Screening Requirements

I understand that before starting and during these therapies, I must undergo rigorous screening, including initial and annual tuberculosis (TB) testing, hepatitis screenings, and regular routine blood monitoring (CBC, liver enzymes, kidney function) as ordered by my physician. Failure to complete required safety laboratory monitoring will result in the practice withholding medication refills.

Material Risks & Side Effects

I acknowledge that because these medications alter the immune system, they carry inherent risks, including:

- An increased risk of serious bacterial, viral, or fungal infections.
- Reactivation of latent infections (such as TB or Shingles).
- Potential long-term risks specific to the prescribed drug class (e.g., blood count drops, liver irritation, or rare malignancies).
- Injection site reactions or intravenous infusion reactions (fever, chills, blood pressure changes).

Patient Responsibilities

- I will immediately report any signs of active infection (fever, chills, productive cough, painful urination) to the practice and hold my medication until cleared by a provider.
- I will notify the practice if I become pregnant, plan to become pregnant, or require any upcoming surgeries.
- I agree to avoid live vaccines while taking immunosuppressive therapies.

Acknowledgment

☐ **I have read the risks, understand the monitoring requirements, and consent to therapy.**

Patient Name (Print) _____ Patient Signature _____

Date _____