

METHOTREXATE FLOW SHEET

Name of subject : _____

Chart number : _____

From _____ to _____

**Methotrexate
Flow sheet of laboratory results**

	Base	Week	Week	Week	Week	Month	Month	Month	Month	Month
Date										
Dose of MTX/wk										
Hb										
MCV										
WBC										
Platelets										
AST										
ALT										
Bili tot										
Creatinine										
Other:____ _____ _____										
Other:____ _____ _____										

Cumulative dose of methotrexate at 12 months of treatment : _____

Consider prescription of Folic Acid 5 mg : 5 days a week (days where MTX is not taken).