



**I still notice SWELLING in the following areas:**

	right	left	both sides
Shoulders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	right	left	both sides
Hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ankles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Besides prescription medications, other things that help reduce my joint / spinal pain include:**

- |  |   |
|--|---|
| <input type="radio"/> physical / occupational therapy                      | <input type="radio"/> heat  |
| <input type="radio"/> home exercise program                                | <input type="radio"/> ice   |
| <input type="radio"/> practicing joint protection measures                 | <input type="radio"/> avoiding standing / walking                           |
| <input type="radio"/> splints  | <input type="radio"/> topical ointment / gels                               |
| <input type="radio"/> resting joints                                       | <input type="radio"/> steroid injections / viscous supplementation          |
| <input type="radio"/> over-the-counter medications (please specify): _____ | <input type="radio"/> other things that reduce pain (please specify): _____ |

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**My joint / spinal pain is made worse by:**

- |  |   |
|--|---|
| <input type="radio"/> inclement weather        | <input type="radio"/> stress                        |
| <input type="radio"/> inactivity               | <input type="radio"/> back strain                   |
| <input type="radio"/> repetitive use of joints | <input type="radio"/> other (please specify): _____ |

**Response to medications:**

**Are your medications helping reduce pain, swelling, and / or stiffness?**

- significantly helpful       partially helpful       not helpful

**Are you having (or have you had) any side effects to your arthritis medications?**

- yes       no

If yes, please specify: \_\_\_\_\_

**I had the following problems since my last office visit.**

(Mark all that apply. If you have no symptoms in a category, please mark "NONE".)

<b>GENERAL</b> (Constitutional)	<input type="radio"/> weight gain	<input type="radio"/> recent infections
	<input type="radio"/> weight loss	<input type="radio"/> NONE
	<input type="radio"/> fever	<input type="radio"/> oral ulcerations
<b>HEENT</b>	<input type="radio"/> dry eyes	<input type="radio"/> NONE
	<input type="radio"/> dry mouth	<input type="radio"/> wheezing
<b>PULMONARY</b>	<input type="radio"/> shortness of breath	<input type="radio"/> NONE
	<input type="radio"/> dry cough	
	<input type="radio"/> cough with sputum	

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<b>CARDIAC</b>	<input type="radio"/> chest pain	<input type="radio"/> swelling in the ankles / feet
	<input type="radio"/> palpitations	<input type="radio"/> NONE
<b>GASTROINTESTINAL</b>	<input type="radio"/> poor appetite	<input type="radio"/> lower abdominal pain
	<input type="radio"/> nausea	<input type="radio"/> diarrhea
	<input type="radio"/> heartburn	<input type="radio"/> bloody or dark stools
	<input type="radio"/> reflux	<input type="radio"/> NONE
	<input type="radio"/> upper abdominal pain	
<b>SKIN</b>	<input type="radio"/> psoriasis	<input type="radio"/> new hair loss
	<input type="radio"/> other rashes	<input type="radio"/> Raynaud's
	<input type="radio"/> abnormal bleeding	
	<input type="radio"/> bruising	<input type="radio"/> NONE

**Other issues I would like to discuss today include:**