## **Print in Color or Grayscale Only**Using Adobe Acrobat Reader 8.0 or later

## **Since My Last Rheumatology Visit**

Please answer every question.

	<b>STAFF:</b> Handwritten responses
	must be entered MANUALLY.

PLEASE PRINT PATIENT'S LAST NAME    Marking Instructions   Please use a #2 pencil.   Please Print Patient's First Name   Patient's Date Of Birth	
Please use a #2 pencil. Fill in the complete oval as shown  PLEASE PRINT PATIENT'S FIRST NAME  PATIENT'S DATE OF BIRTH  Month  Day  Year	
Fill in the complete oval as shown  Month Day Year	
Month Day Year	
·	
Since my last thoumatalogy office visits	
Since my last rheumatology office visit:	
I have had the following new medical diagnoses or procedures:	
Thave had the following new medical diagnoses of procedures.	
I have not had any new medical problems or medical procedures.	
Considering all the ways arthritis affects me, I would rate how well I'm doing on the following scale	٠.
Very well O O O O O O O O O O O O O O O O O O	Very Poor
0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10	
please fold on dotted line	
I've developed NEW PAIN (or flare-ups) in the following areas:	
right left both sides right left both sides	
Shoulders Ankles O	
Elbows	
Wrist Neck OOO	
Hands Mid Back	
Hips Lower Back	
Knees Chest Wall	
Morning stiffness (the amount of time it takes to start moving comfortably first thing in the morning) lasts for:	
○ 0-10 minutes ○ 10-30 minutes ○ 30-60 minutes ○ 1-1 ½ hours	
1½-2 hours 2-4 hours 4+ hours	
Since my last office visit the following joints are:	
·	
right left both sides right left both sides	
Shoulders Ankles O	
MORE Elbows Feet / Toes	
PAINFUL Wrist Neck Neck	
Hands / Fingers Mid Back	
Hips Cower Back Chest Wall	
Kilees Clest Wall	
please fold on dotted line	
right left both sides right left both sides	
Shoulders Ankles Sides	
NO CHANGE Elbows Feet / Toes	
in the level Wrist O O Neck O O	
of pain   Hands / Fingers       Mid Back	
Hips O O Lower Back O O O	
Knees Chest Wall	
bash	
right left both sides right left both sides	
Shoulders Ankles O	
Elbows Feet / Toes	
LESS Wrist Neck OOO	
PAINFUL Wrist Neck Neck Nid Back	
LESS Wrist Neck OOO	

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	right left both sides		right left both sides
Shoulders	Sides	Hips	Sides
Elbows		Knees	000
Wrist		Ankles	
Hands		Feet	
	medications, other things that	help reduce my joint /	spinal pain includ
physical / occupa		heat	
home exercise pr	_	ice	
opracticing joint p	rotection measures	avoiding standing / wa	_
splints		topical ointment / gel	
resting joints	P. P. Arthur and	steroid injections / vis	
over-the-counter	medications (please specify):	other things that redu	ICE pain (please specify):
	My joint / spinal pain is		
inclement weath		•	
inactivity	back strain	1	
repetitive use of			
	Response to med	lications:	
	•		
	oing reduce pain, swelling, and / or s		
	ful partially helpful	not helpful	
significantly help: Are you having (or have you If yes, please specify	ou had) any side effects to your arth		
Are you having (or have your lif yes, please specify	ou had) any side effects to your arth : had the following problems si	ritis medications?  nce my last office visit.	yes ı
Are you having (or have your lift yes, please specify	ou had) any side effects to your arth  : had the following problems sinat apply. If you have no symptoms	ritis medications?  nce my last office visit. in a category, please mark	yes r
Are you having (or have your last of yes, please specify	ou had) any side effects to your arth  : had the following problems sinat apply. If you have no symptoms  weight gain	ritis medications?  nce my last office visit.	yes r
Are you having (or have your last of yes, please specify	had the following problems si hat apply. If you have no symptoms weight gain weight loss	nce my last office visit. in a category, please mark recent infections	yes r
Are you having (or have your last of the year)  If yes, please specify  (Mark all the general of the year)  GENERAL (Constitutional)	had the following problems si hat apply. If you have no symptoms weight gain weight loss fever	nce my last office visit. in a category, please mark recent infections NONE	yes r
Are you having (or have your last of the year)  If yes, please specify  (Mark all the general of the year)  GENERAL (Constitutional)	had the following problems sint apply. If you have no symptoms  weight gain weight loss fever dry eyes	nce my last office visit. in a category, please mark recent infections	yes r
Are you having (or have your last of the year)  If yes, please specify  (Mark all the general of the year)  GENERAL (Constitutional)	had the following problems si hat apply. If you have no symptoms weight gain weight loss fever	nce my last office visitation a category, please mark  recent infections  NONE  oral ulcerations  NONE	yes r
Are you having (or have your last of yes, please specify (Mark all the general (Constitutional)	had the following problems single hat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath	nce my last office visitation a category, please mark  recent infections  NONE  oral ulcerations	"NONE".)
Are you having (or have your lift yes, please specify	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth	nce my last office visitation a category, please mark  recent infections  NONE  oral ulcerations  NONE	yes r
Are you having (or have your last of yes, please specify (Mark all the general (Constitutional)  HEENT  PULMONARY	had the following problems single hat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE	"NONE".)
Are you having (or have your last of yes, please specify (Mark all the general (Constitutional)  HEENT  PULMONARY	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE	"NONE".)
Are you having (or have your last of yes, please specify (Mark all the general (Constitutional)  HEENT  PULMONARY	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE	"NONE".)
Are you having (or have your last of yes, please specify (Mark all the general (Constitutional)  HEENT  PULMONARY	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina	"NONE".)
Are you having (or have you lif yes, please specify (Mark all the general (Constitutional) HEENT  PULMONARY  CARDIAC	had the following problems sint apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the all NONE  lower abdomina diarrhea	"NONE".)  nkles / feet
Are you having (or have your last of yes, please specify (Mark all the general (Constitutional)  HEENT  PULMONARY	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea heartburn	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina	"NONE".)  nkles / feet
If yes, please specify  (Mark all the Constitutional)  HEENT  PULMONARY  CARDIAC	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea heartburn reflux	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina diarrhea bloody or dark st	"NONE".)  nkles / feet
Are you having (or have you lif yes, please specify (Mark all the general (Constitutional) HEENT  PULMONARY  CARDIAC	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea heartburn reflux upper abdominal pain	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina diarrhea bloody or dark st	"NONE".)  nkles / feet
If yes, please specify  (Mark all the Constitutional)  HEENT  PULMONARY  CARDIAC	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea heartburn reflux upper abdominal pain psoriasis	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina diarrhea bloody or dark so  NONE  new hair loss	"NONE".)  nkles / feet
If yes, please specify  (Mark all the grade of the grade)  (Constitutional)  HEENT  PULMONARY  CARDIAC  GASTROINTESTINAL	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea heartburn reflux upper abdominal pain psoriasis other rashes	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina diarrhea bloody or dark st	"NONE".)  nkles / feet
If yes, please specify  (Mark all the Constitutional)  HEENT  PULMONARY  CARDIAC	had the following problems sinat apply. If you have no symptoms  weight gain weight loss fever dry eyes dry mouth shortness of breath dry cough cough with sputum  chest pain palpitations poor appetite nausea heartburn reflux upper abdominal pain psoriasis	ritis medications?  nce my last office visit. in a category, please mark  recent infections  NONE  oral ulcerations  NONE  wheezing  NONE  swelling in the a  NONE  lower abdomina diarrhea bloody or dark so  NONE  new hair loss	"NONE".)  nkles / feet

Other issues I would like to discuss today include:

