

Affix Label Here

FOLLOW-UP PATIENT INFORMATION SHEET

Date: _____

1. Do you have any **ALLERGIES** to Medications? YES ☐ NO ☐

a. If YES, please list the medication and describe what happens?

2. Please list any prescription or non-prescription medications you are taking now:

	Name	Dose/Amount	How Often
a.	_____		
b.	_____		
c.	_____		
d.	_____		
e.	_____		
f.	_____		
g.	_____		
h.	_____		
i.	_____		

3. Are you having any problems with these medications? YES ☐ NO ☐

a. If YES, please explain:

4. Please list any other problems, RELATING TO YOUR ARTHRITIS, that you need to discuss with the doctor today.

a. _____
b. _____

5. Has ANYTHING ELSE CHANGED since your last visit (eg Surgery, job loss, spousal illness, family death)?

YES ☐ NO ☐

If YES, please explain:

1. Are you doing **Regular Blood Work**? YES NO

When & Where was last blood taken? _____

2. Are you taking **Hydroxychloroquine (Plaquenil)**? YES NO

Last Eye Exam: _____ Dr: _____

3. Have you had any **Infections/fevers** since your last visit? YES NO _____

4. Have you taken any **Antibiotics** since your last visit or within the last year? YES NO _____

5. Are you taking **Prednisone**? YES NO Last **Bone Mineral Density Test**? _____

6. Do you take **Calcium/Vitamin D** and/or any other **Medication for your bones**? YES NO

Calcium: _____ mg Vitamin D: _____ IU Other: _____

7. Have you been to the **Arthritis Day Program**? YES NO

8. Have you had any **Other Tests** that we need to obtain results for? _____

★BACK OF FORM TO BE COMPLETED BY PHYSICIAN★

Interval History

Physical Examination

Pulse: _____ BP: _____
Height: _____ Weight: _____

H&N (inspection of hair & scalp, eyes, mouth, thyroid)

Normal ____ Comment: _____

Abnormal ____

SKIN & NAILS (inspection for thickening, rashes, nodules, telangiectasia, livedo, vasculitic changes)

Normal ____ Comment: _____

Abnormal ____

CVS (heart sounds, murmurs, rhythm, edema, peripheral vascular exam)

Normal ____ Comment: _____

Abnormal ____

CHEST (auscultation, percussion)

Normal ____ Comment: _____

Abnormal ____

ABD (auscultation, palpation, percussion)

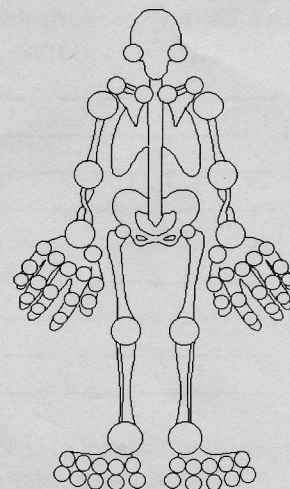
Normal ____ Comment: _____

Abnormal ____

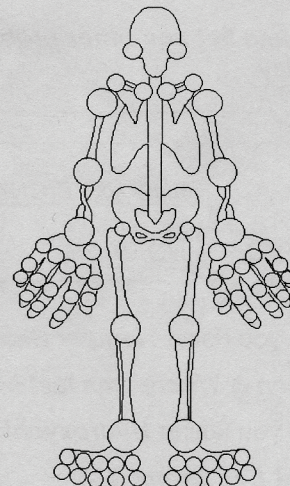
IMPRESSION

PLAN

⊗ Tender
● Swollen
● Swollen & Tender



TRAINEE



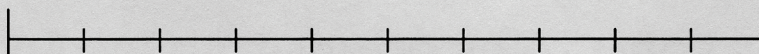
CONSULTANT

TJC: ____/28 Last ESR: ____

SJC: ____/28 Last CRP: ____

Overall, with regards to their arthritis, how well do you feel the patient is doing please make a mark on the line below to show how you are doing:

VERY WELL



VERY POORLY