ST JOSEPH'S HEALTH CARE LONDON

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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 <u>AND</u> non-prescription medications you are taking now:**

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

3. ***Do you take Calcium/Vitamin D and/or any other Medication for your bones?***

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

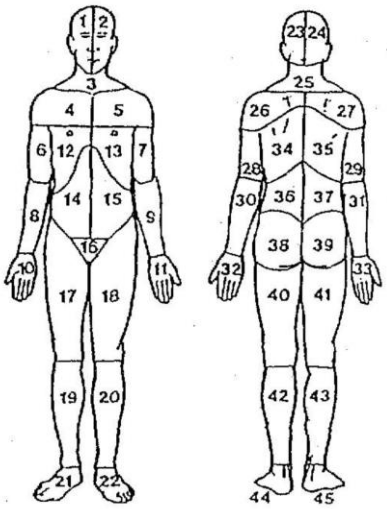
4. ***Are you taking Hydroxychloroquine (Plaquenil)?*** YES ❑ NO ❑ **Last Eye Exam**: _____

5. ***Are you having any problems with any of these medications?*** YES ❑ NO ❑
   a. ***If YES, please explain:***

6. ***Please list any other problems, <u>RELATING TO YOUR ARTHRITIS</u>, that you need to discuss with the doctor today.***
   a. _____
   b. _____
   c. _____

7. ***Has <u>ANYTHING ELSE CHANGED</u> since your last visit (eg Surgery, job loss, spousal illness, family death)?***
   YES ❑ NO ❑ If YES, please explain:

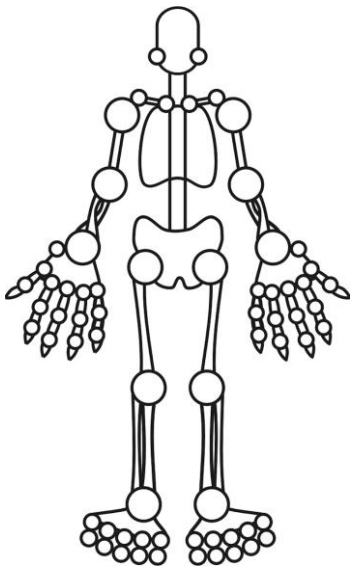
8. ***If you have pain, please shade in the following diagram to show where you are <u>CURRENTLY</u> experiencing pain:***



★BACK OF FORM TO BE COMPLETED BY PHYSICIAN★

Interval History

⊗ Tender
O Swollen
● Swollen & Tender



TRAINEE

Physical Examination

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

H&N ***(inspection of hair & scalp, eyes, mouth, thyroid)***
Normal ___ Comment:
Abnormal ___

LYMPH NODES ***(palpation)***
Normal ___ Comment:
Abnormal ___

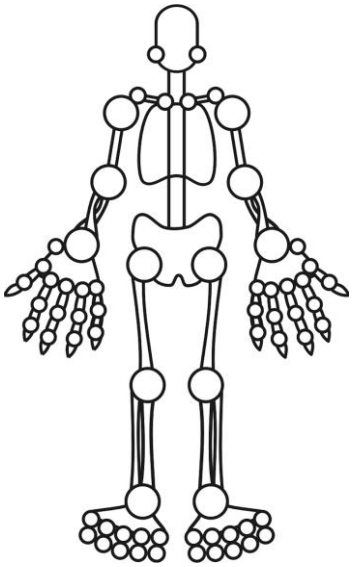
SKIN & NAILS ***(inspection for thickening, rashes, nodules, telangiectasia, livedo, vasculitic changes)***
Normal ___ Comment:
Abnormal ___

CVS ***(heart sounds, murmurs, rhythm, edema, peripheral vascular exam)***
Normal ___ Comment:
Abnormal ___

CHEST ***(auscultation, percussion)***
Normal ___ Comment:
Abnormal ___

MSK ***(inspection, range of motion)***
Normal ___ Comment:
Abnormal ___

ABD ***(auscultation, palpation, percussion)***
Normal ___ Comment:
Abnormal ___



CONSULTANT

IMPRESSION

PLAN

Drug Monitoring: BW every 1 / 2 / 3 months, Eyes ❑
Heart Health: Reviewed ❑
Bone Health: Meds reviewed ❑ Next BMD: _____
Smoking cessation: Discussed ❑
Vaccinations: Flu ❑ Pneumo ❑ Shingles ❑
Follow-up:

TJC: ____/28 Last ESR: _____
SJC: ____/28 Last CRP: _____

Physician Global Assessment of Disease Activity:

Not Active At All — 0 1 2 3 4 5 6 7 8 9 10 — Extremely Active