Date: ____________________________

1. Do you have any ALLERGIES to Medications? YES ☐ NO ☐
   a. If YES, please list the medication and describe what happens?
      i. ____________________________________________________________
      ii. ____________________________________________________________
      iii. ____________________________________________________________

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

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>How Often</th>
<th>Medication Name</th>
<th>Dose</th>
<th>How Often</th>
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</tbody>
</table>

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. ____________________________________________________________
   c. ____________________________________________________________

5. Overall, how would you describe your PAIN since the last visit?
   Much Worse ☐   Worse ☐   The Same ☐   Improved ☐   Much Improved ☐

6. Overall, how would you describe your FATIGUE since the last visit?
   Much Worse ☐   Worse ☐   The Same ☐   Improved ☐   Much Improved ☐

7. Overall, how would you describe your OVERALL STATUS since the last visit?
   Much Worse ☐   Worse ☐   The Same ☐   Improved ☐   Much Improved ☐

8. Has ANYTHING ELSE CHANGED since your last visit (eg Surgery, job loss, spousal illness, family death)
   YES ☐   NO ☐
   If YES, please explain:

★ Thank-You for completing the questionnaire, DO NOT WRITE BELOW THIS LINE★
INTERVAL HISTORY

PHYSICAL EXAMINATION

Pulse: ________________  BP: ________________

Height: ________________  Weight: ________________  Temp: ________________

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

SKIN & NAILS  (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