

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?

- i. _____
- ii. _____
- iii. _____

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

Medication Name	Dose	How Often	Medication Name	Dose	How Often
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

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:

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

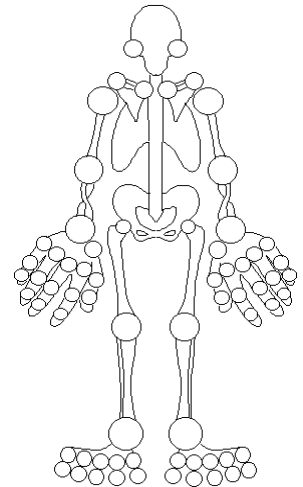
ABD (*auscultation, palpation, percussion*)

Normal Comment:

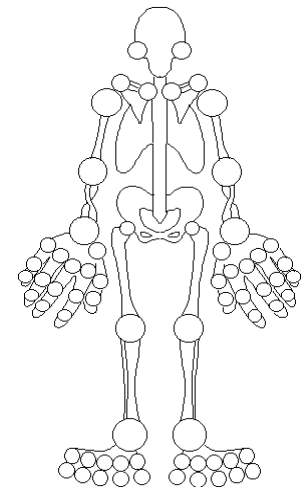
Abnormal

IMPRESSION

PLAN



Tender



Swollen / Damaged