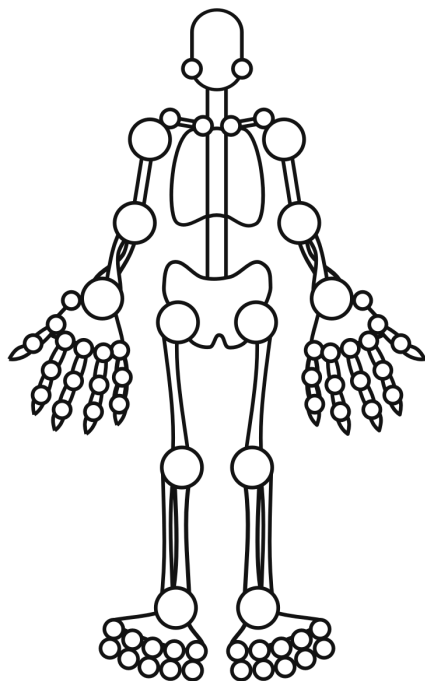


Patient Label

Date: \_\_\_\_\_

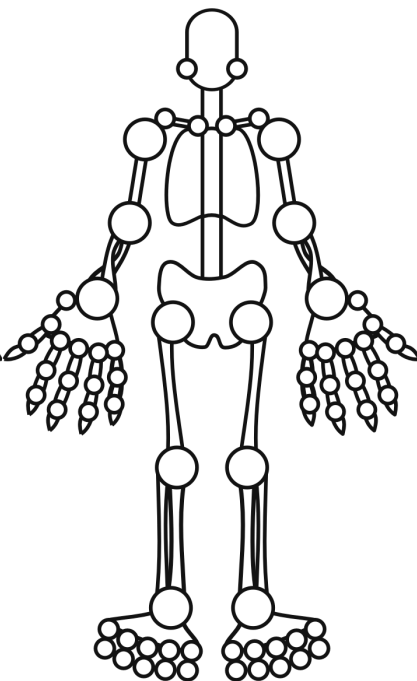
Clinician: \_\_\_\_\_

Swollen joints



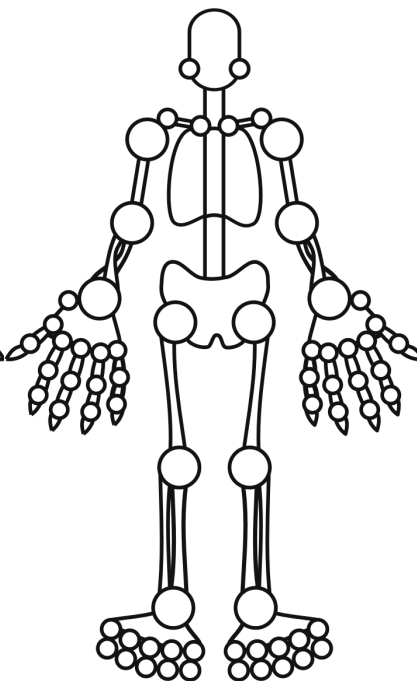
Joint Count \_\_\_\_\_

Tender joints



Joint Count \_\_\_\_\_

Damaged or replaced



Joint Count \_\_\_\_\_

<b>Function since last visit</b>		<b>Disease control</b>		<b>Early morning stiffness (mins)</b>		<b>I want to change treatment</b>	
Better		Better		0-30		No	
Same		Same		30-120		Unsure	
Worse		Worse		>120		Yes	
<b>Drug toxicity</b>		<b>On Prednisone</b>		<b>Swollen Joint Count</b>		<b>Physician Global Score</b>	
None		None		0		Remission	
Mild		<10mg/day		1-5		Mild-Moderate	
Severe		>10mg/day		>5		Severe	
<b>Radiological Change</b>		<b>CRP value</b>		<b>Joint Deformities</b>		<b>RhF+, anti-CCP+, or rheumatoid nodules</b>	
None		<8		None		No	
Stable		8.1-20		Stable		Yes	
New		>20		New			

How do you rate your pain on a scale of 10 (in the last 7 days)?	/10	Patient Global Score	/10	SDAI	
Number of good days in last week?	/7	Physician Global Score	/10	CDAI	
How many days of work have you lost in the last 3 months?	/90	ESR		DAS28	
Are you satisfied with your current pain control?		CRP		HAQ	

# Pharmacological Treatments

Medication Class	Current	Previous	Reason for stopping (specify drug)
<b>NSAIDS</b>			
<i>Screen for risk of GI Bleed:</i>			
<input type="checkbox"/> Previous ulcer			
<input type="checkbox"/> On anticoagulation Rx			
<input type="checkbox"/> Age >65			
<input type="checkbox"/> Steroids			
<input type="checkbox"/> ASA			
<input type="checkbox"/> SSRIs			
<b>DMARDs</b>			
<b>Biologics</b>			

## DECISION POINT

Was this patient's treatment changed?

YES

NO

Changes Made:

Reason:

Why Not?

