AMERICAN COLLEGE OF RHEUMATOLOGY
Patient History Update

What has happened since you were last here?

Name____________________ **Age**__________

Since your last visit, have you?	**Yes**	**No**	**If yes, please specify**
Had any illnesses?	❑	❑	______
Seen any health care providers?	❑	❑	______
Had any x-ray, lab or other procedures	❑	❑	______
Had any change in your family medical history?	❑	❑	______
Had any change in your social history?	❑	❑	______
Had any new allergies or reactions to medications?	❑	❑	______
Started, changed or stopped any medications?	❑	❑	______

New diseases or illnesses developed by relatives (parents, children, aunts, uncles, brothers, sisters)	**Changes in your social situation: Work, relationships, residence, smoking, alcohol consumption**	**New allergies or reactions to medications**

Please list any medications which are new, changed or stopped since your last visit

Name of Medication	**New, Change Or Stop** (For dose change, indicate current dosage)	**Name of prescribing doctor.** If you made the change, put Self	**Why was the medication changed or stopped?** No longer needed? No longer effective or not ever effective? Side effects (please specify)?

How Do You Feel Today as Compared to Your Last Visit Here?

Please rate the following items using this scale:

0=Problem not present today **1=**Much better **2**=Better **3**=Same **4**=Worse **5**=Much Worse **N**=New Problem

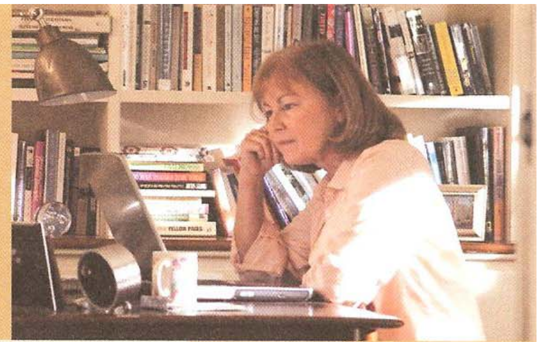
Pain:	Swelling:	Fatigue:	Ringing in Ears:	Stomach Upset:	Skin Rash:	Bruising:	Difficulty Sleeping:	Cough:
Eyes Red:	Chest Pain:	Fever:	Oral Ulcers:	Diarrhea:	Skin Ulcers:	Swollen Glands:	Headache:	Shortness of Breath:
Eyes Dry:	Heart Palpitations:	Weight Loss:	Overall Assessment:					

How long is your morning stiffness (minutes)? _____ What is your worst joint?____________________

Patient's Name ____________________ Date ____________________ Physician Initials ________

Patient History Update Form © 1999 American College of Rheumatology

How does your rheumatoid arthritis (RA) affect your ability to engage in everyday activities?



Health Assessment Questionnaire—Disability Index*

Stanford University School of Medicine, Division of Immunology & Rheumatology

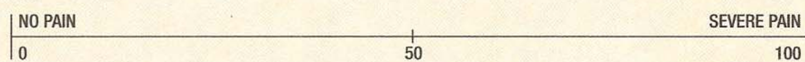
Fill out this simple form to assess how RA may be affecting your daily life, and share the answers with your rheumatologist. He or she may find the information useful when evaluating your condition and discussing treatment options.

Patient's Name ____________ **Date** ________

THIS COLUMN FOR PHYSICIAN USE ONLY

Please check the response that best describes your usual abilities over the past week:	Without ANY difficulty (0)	With SOME difficulty (1)	With MUCH difficulty (2)	Unable to do (3)	Highest score
DRESSING & GROOMING—are you able to:					
Dress yourself, including shoelaces and buttons?	☐	☐	☐	☐	
Shampoo your hair?	☐	☐	☐	☐	
ARISING—are you able to:					
Stand up from a straight chair?	☐	☐	☐	☐	
Get in and out of bed?	☐	☐	☐	☐	
EATING—are you able to:					
Cut your meat?	☐	☐	☐	☐	
Lift a full cup or glass to your mouth?	☐	☐	☐	☐	
Open a new milk carton?	☐	☐	☐	☐	
WALKING—are you able to:					
Walk outdoors on flat ground?	☐	☐	☐	☐	
Climb up five steps?	☐	☐	☐	☐	
HYGIENE—are you able to:					
Wash and dry your body?	☐	☐	☐	☐	
Get on and off the toilet?	☐	☐	☐	☐	
REACH—are you able to:					
Reach and get down a 5-pound object (such as a bag of sugar) from above your head?	☐	☐	☐	☐	
Bend down to pick up clothing from the floor?	☐	☐	☐	☐	
GRIP—are you able to:					
Open car doors?	☐	☐	☐	☐	
Open previously opened jars?	☐	☐	☐	☐	
Turn faucets on and off?	☐	☐	☐	☐	
ACTIVITIES—are you able to:					
Run errands and shop?	☐	☐	☐	☐	
Get in and out of a car?	☐	☐	☐	☐	
Do chores such as vacuuming or yard work?	☐	☐	☐	☐	

How much pain have you had because of your RA IN THE PAST WEEK:
Place a single vertical mark (|) on the line to indicate the severity of the pain.



Pain Score ______

TOTAL ______

÷ Number of answered groups ______

TOTAL HAQ Disability Index Score ______

To learn more about RA, visit RAdaily.com.

*The Health Assessment Questionnaire (HAQ) Disability Index measures disability with the use of aids and devices. It is scored on a scale of 0 to 3 units. A score of 0 indicates the lack of any measurable degree of disability, whereas a score of 3 means that a patient is unable to perform all activities.

© 2009 Amgen Inc., Thousand Oaks, CA 91320 and Pfizer Inc.
All rights reserved. 262717 MC-48669 12-09 P12117