Clinic follow up recording proforma

<table>
<thead>
<tr>
<th>Patient name and identity number</th>
<th>Date of assessment <em><strong>/</strong></em>/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Weight ______ Height________</td>
</tr>
<tr>
<td>Blood pressure ______ Urine______</td>
<td></td>
</tr>
</tbody>
</table>

Assessed by (Doctor / Nurse / Physio / Other)  
Name of assessor  
Assessment – ‘face to face’ / remote clinic

Problem List  
Current History

**Current Medication** (list of drugs, dose, frequency, route)

**Allergies**
Clinic follow up recording proforma

General Examination

Body Surface Area

Eyes

Ear Nose Throat

Cardiovascular

Respiratory

Abdomen

Skin rashes

Nails

Capillaroscopy

Central Nervous system

Enthesitis / Dactylitis

Muscle bulk

Other
Clinic follow up recording proforma

Joint examination performed by (if in remote clinic setting):

Patient/ Parent VAS

Clinical JADAS 10
Active joint count
Patient/ parent VAS
Physician Global VAS
Total (out of 30)
SCORE (Total/3)

cJADAS score of disease activity
Oligo JIA
Inactive (≤ 1)
Low (1.1 – 1.5)
Moderate (1.51- 4)
High (> 4)
Poly articular JIA
Inactive (≤ 1)
Low (1.1 – 2.5)
Moderate (2.51 – 8.5)
High (> 8.5)
Clinic follow up recording proforma

Alternative joint recording form

X – swollen
O – circled – restricted

Joint examination performed by (if in remote clinic setting):
## Clinic follow up recording proforma

### Impression and Plan

<table>
<thead>
<tr>
<th>Eye Screening</th>
<th>Additional Vaccination Recommend</th>
<th>Flu vaccine Recommend</th>
<th>Pneumovax Vaccine Recommend</th>
<th>Follow up plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-disciplinary team input</td>
<td>TB screen</td>
<td>Information Booklet</td>
<td>Counselling</td>
<td>Database Entry</td>
</tr>
</tbody>
</table>