

Clinic follow up recording proforma



Patient name and identity number

Date of assessment ___/___/___

Weight _____ **Height** _____

Blood pressure _____ **Urine** _____

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

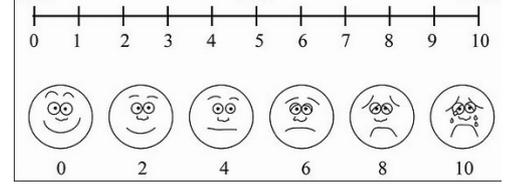
Muscle bulk

Other

Clinic follow up recording proforma

		Check box if present		<input checked="" type="checkbox"/>												
R	I	G	H	T	S	I	D	E	LEGEND:	Swell	Pain	LOM	JOINTS	Swell	Pain	LOM
									Swell: swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporo-mandibular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									Pain: pain on motion and/or tenderness	<input type="checkbox"/>	<input type="checkbox"/>		Sterno-clavicular	<input type="checkbox"/>	<input type="checkbox"/>	
									LOM: limitation on motion	<input type="checkbox"/>	<input type="checkbox"/>		Acromion-clavicular	<input type="checkbox"/>	<input type="checkbox"/>	
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCP I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCP II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCP III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCP IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCP V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIP I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIP II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIP III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIP V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIP II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIP III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIP IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIP V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hip		<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subtalar joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intertarsal joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTP I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTP II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTP III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTP IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTP V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOE I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOE II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOE III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOE IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOE V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		Cervical spine												
	<input type="checkbox"/>	<input type="checkbox"/>		Thoracic spine												
	<input type="checkbox"/>	<input type="checkbox"/>		Lumbar spine												
	<input type="checkbox"/>			Sacroiliac joints			<input type="checkbox"/>									

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)	

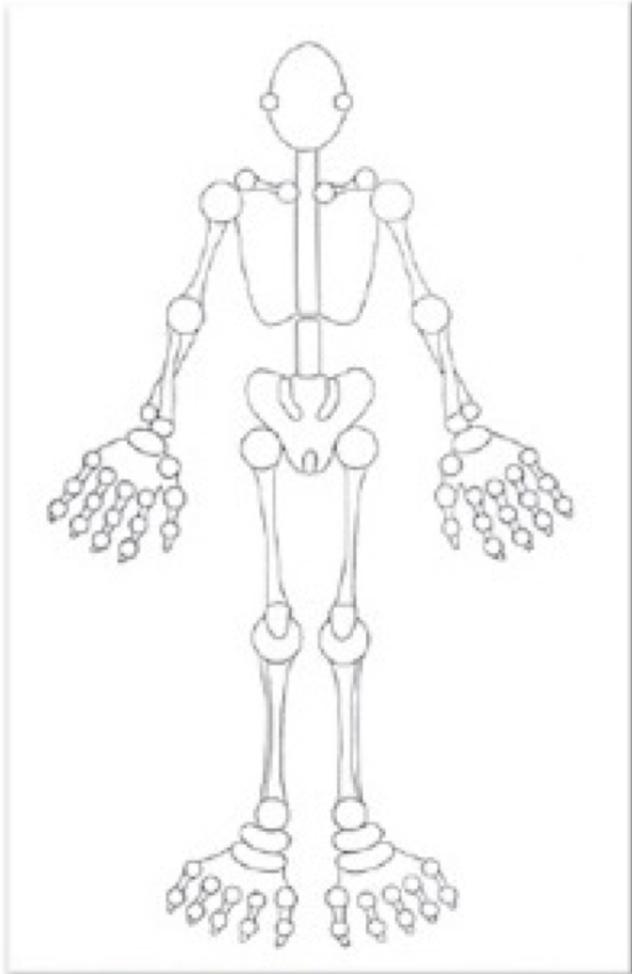
Joint examination performed by (if in remote clinic setting):

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

Eye Screening	<input type="checkbox"/>	Additional Vaccination Recommend	<input type="checkbox"/>	Flu vaccine Recommend	<input type="checkbox"/>	Pneumovax Vaccine Recommend	<input type="checkbox"/>	Follow up plan	<input type="checkbox"/>
Multi-disciplinary team input	<input type="checkbox"/>	TB screen	<input type="checkbox"/>	Information Booklet	<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Database Entry	<input type="checkbox"/>