

AMERICAN COLLEGE OF RHEUMATOLOGY PATIENT ENCOUNTER TEMPLATE

(Patient Label)

Patient Name _____

Date of Visit _____

General Information

Chief Complaint/Reason for Visit _____ Age _____ Gender _____

Diagnosis _____ Allergies _____

Meds	Drug	Dose	Frequency	Reason/Diagnosis

Teaching
Physician Comments

HPI, Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated Signs and Symptoms

Const	Card	GI	Integ	Endo	Other
Eyes	Vasc	GUI	Neuro	Hem/Lymph	
ENMT	Resp	Musc	Psych	Immuno	

ROS, and PFSH

Past Medical History (or Since Last Visit)
 Illness, Injury, Surgery Yes No
 Last Menstrual Period _____
 Seen any health care providers Yes No
 Menopausal Status _____
 Had any: X-ray Lab Other Procedures
 Hospitalization Yes No

Family/Social History
 Change in family history Yes No
 Change in social history Yes No

Comments

Pertinent info. from someone other than patient:

General Multi-System Exam

Constitutional: Height: _____ Weight: _____ Temp: _____ Pulse/HR: _____ BP: _____ RR: _____
 Chronically Ill No Acute Distress Acutely Ill Cushingoid

Eyes: Scleral Injection PERRLA EOMS Normal Funduscopic Exam WNL ND Abn:

HENTT: Head Temporal Arteries WNL Abn:
 Ear Ext. WNL Abn: Ear Int. WNL Abn: Hearing WNL Abn:
 Nose WNL Polyps Septal Perforation Mouth/Throat Oral Ulcers Gingivitis Exudate
 Neck Salivary Glands WNL Abn: Carotids WNL Abn: Bruits: _____ JVD

CV: Heart Sounds WNL Gallop: _____ Murmur: _____ Friction Rub Rhythm WNL Abn:
 Upper Extremity Vascular WNL Abn:
 Lower Extremity Vascular WNL Abn:

Respiratory: Breath Sounds WNL Rales Rhonchi Wheezes Decreased Cough
 Chest Wall WNL Abn:

Gastrointest.: WNL Obesity Scars: _____ Tenderness Liver WNL Abn:
 Splenomegaly

Genitourinary: WNL Abn:

Integumentary (Skin/Breast): WNL Clubbing Peri. erythema Nodules Tophi
 Disc. lesions Psoriasis Erythema Ecchymosis Petechiae Malar Rash Macular Rash
 Infarcts Telangiectasia Sclerodactyly Nail pit Onycholysis Digital ulcers Varicosities

Neurological: Straight Leg WNL Abn Tinel's Pos Neg Phalen's Pos Neg
 Upper Extremity: DTRs WNL Abn Sensation WNL Abn Motor WNL Abn
 Lower Extremity: DTRs WNL Abn Sensation WNL Abn Motor WNL Abn

Psychiatric: WNL Disoriented Anxious Crying Depressed Hostile Poor Memory

Endocrine: Thyroid WNL Abn:

Hem/Lymph: WNL Pale Enlarged Lymph Nodes:

Allergic/Immunologic: WNL Abn:

Physician Signature _____

Date _____