

**Laboratory:** Reviewed Tests Included in Chart  **Pertinent Abnormals:** \_\_\_\_\_

**Other Reports:** DEXA  MRI  CT  X-ray  Other  **Pertinent Abnormals:** \_\_\_\_\_

Review and/or order tests in the medicine section of CPT \_\_\_\_\_  
 Discussion of lab or x-ray results with performing physician \_\_\_\_\_  
 Discussion of case with another health care provider \_\_\_\_\_  
 Independent visualization of image, tracing or specimen itself: \_\_\_\_\_  
 Request records: \_\_\_\_\_ Additional records reviewed: \_\_\_\_\_  
 Pertinent findings: \_\_\_\_\_

**Assessment**

Presenting Problems or Diagnoses and/or Complications	Worse	Stable	Better	New
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Plan**

**Laboratory: Diagnostic**

CBC  ESR  CRP  U/A  ALT/AST  GGT  Hepatitis Panel  Creatinine  BUN  Albumin   
 ANA  Anti-Smith  Anti RNP  Anti-DS DNA  C3  C4  Antiphospholipid antibodies: LAC  ACLA   
 RF  ANCA  SSA  SSB  SPEP  HLA-B27  Other \_\_\_\_\_

**Laboratory: Drug Monitoring** (Check box if all ordered; otherwise, circle tests ordered) (Recommendations from ACR or package insert)

Medication	Baseline Testing	Follow-up Testing
NSAIDs, salicylates	<input type="checkbox"/> CBC, creatinine, AST or ALT	<input type="checkbox"/> CBC yearly; LFTs, creatinine as required
Hydroxychloroquine	<input type="checkbox"/> Ophthalmologic exam if over age 40 or previous eye disease	<input type="checkbox"/> Ophthalmologic exam every 6-12 months
Sulfasalazine	<input type="checkbox"/> CBC, AST or ALT	<input type="checkbox"/> CBC every 2-4 weeks for first 3 months, then every 3 months
Methotrexate	<input type="checkbox"/> CBC, chest radiography, hep B, hep C, AST or ALT, albumin, alkaline phosphatase, creatinine	<input type="checkbox"/> CBC, platelet count, AST, albumin, creatinine every 4-8 weeks
IM Gold	<input type="checkbox"/> CBC, platelet count, creatinine, urine dipstick for protein	<input type="checkbox"/> CBC, platelet count, urine dipstick for protein every 1-2 weeks for first 20 weeks, then at time of each or every other injection
Oral Gold	<input type="checkbox"/> CBC, platelet count, urine dipstick for protein	<input type="checkbox"/> CBC, platelet count, urine dipstick for protein every 4-12 weeks
D-Penicillamine	<input type="checkbox"/> CBC, platelet count, creatinine, urine dipstick for protein	<input type="checkbox"/> CBC, urine dipstick for protein every 2 weeks until dosage stable, then every 1-3 months
Azathioprine	<input type="checkbox"/> CBC, platelet count, creatinine, AST or ALT	<input type="checkbox"/> CBC, platelet count every 1-2 weeks with changes in dosage, and every 1-3 months thereafter
Corticosteroids	<input type="checkbox"/> BP, chemistry panel, bone densitometry	<input type="checkbox"/> BP at each visit; urinalysis for glucose, bone densitometry yearly
Etanercept		
Infliximab		
Leflunomide	<input type="checkbox"/> ALT, hep B, hep C	<input type="checkbox"/> ALT monthly until stable; as needed thereafter
Cyclophosphamide	<input type="checkbox"/> CBC, platelet	<input type="checkbox"/> CBC and platelet count every 1-2 weeks with changes in dosage; every 1-3 months thereafter; urinalysis and urine cytology every 6-12 months after cessation
Chlorambucil	<input type="checkbox"/> CBC, urinalysis, creatinine, AST or ALT	<input type="checkbox"/> CBC, platelet count ever 1-2 weeks with changes in dosage; every 1-3 months thereafter
Cyclosporin A	<input type="checkbox"/> CBC, creatinine, uric	<input type="checkbox"/> Creatinine every 2 weeks until dose is stable, then monthly; periodic CBC, potassium and LFT
Other		

**Patient Name** \_\_\_\_\_ **Date of Visit** \_\_\_\_\_ **Physician's Initials** \_\_\_\_\_

**Imaging: Diagnostic**

Radiographs \_\_\_\_\_

MRI/CT \_\_\_\_\_

Bone Density Measurement \_\_\_\_\_

Other Diagnostic Tests \_\_\_\_\_

**Therapeutic: Medications Prescribed**

Drug	Dose	Frequency	Reason/Diagnosis	Sample

**Therapeutic: Devices**

Splints \_\_\_\_\_ Other \_\_\_\_\_

Wheelchair  Cane  Crutches  Walker  Braces \_\_\_\_\_

**Therapeutic: Referral**

Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Other Medical/Surgical Specialist \_\_\_\_\_

**Therapeutic: Procedures**  Patient Consent Given

Trigger Point Injection(s) under sterile conditions: \_\_\_\_\_

Tendon Injection(s) under sterile conditions: \_\_\_\_\_

Joint Aspiration(s)/Injection(s) under sterile conditions: \_\_\_\_\_

Synovial Fluid: Sent  In-Office  Results: \_\_\_\_\_

IM Injection: \_\_\_\_\_

Biopsy: \_\_\_\_\_

**Counseling and Coordination of Care**

Prognosis \_\_\_\_\_ Differential Diagnosis \_\_\_\_\_

Risks/Benefits of Treatment \_\_\_\_\_

Instructions \_\_\_\_\_

Compliance \_\_\_\_\_

Risk Reduction \_\_\_\_\_

Discussion with Other Health Care Provider \_\_\_\_\_

Patient Education: Brochure  Exercise Sheet  Alternative Care  Other \_\_\_\_\_

Face to Face Time with Patient \_\_\_\_\_

Was more than half of the face-to-face time with patient spent in counseling or coordinating care? Yes  No

Return: Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_

**Other Comments** \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **Date of Visit** \_\_\_\_\_ **Physician's Initials** \_\_\_\_\_