

Laboratory: Reviewed Tests Included in Chart **Pertinent Abnormals:** _____

Teaching Physician Comments

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"/>

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) (Recommenations 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, heb 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** _____

