Patient History Form

Date of first appointment: / /

mm dd yyyy

Time of appointment: \_

Name:

Birthdate: / /

LAST FIRST MIDDLE mm dd yyyy

Age:

Sex: \_ F ■ M Telephone: (H) (C) (W)

Address:

STREET CITY APT # STATE ZIP

Name of Physician Making Referral:

Name of Primary Care Physician:

Have you ever seen a Rheumatologist? \_\_\_ Yes \_\_\_No If yes, then who/where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT BRINGS YOU TO THE RHEUMATOLOGIST:**

Problem onset

Present symptoms

Severity (1-10)

Location

Pain quality

Aggravated by

Relieved by

**DRUG ALLERGIES:** ■ No ■ Yes If Yes, to what?

Type of reaction:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routine Assessment of Patient Index Data**

The RAPID3 includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes

an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3).

RAPID3 scores are quickly tallied by adding subsets of the MD-HAQ as follows:

|  |  |  |
| --- | --- | --- |
| **1.** please check the **ONE** best answer for your abilities at this time: |  | **1.** a-j **FN** (0-10):1=0.3 16=5.32=0.7 17=5.73=1.0 18=6.04=1.3 19=6.35=1.7 20=6.76=2.0 21=7.07=2.3 22=7.38=2.7 23=7.79=3.0 24=8.010=3.3 25=8.311=3.7 26=8.712=4.0 27=9.013=4.3 28=9.314=4.7 29=9.715=5.0 30=10**2. PN** (0-10):**3. PTGE** (0-10):**RAPID3** (0-30) |
| **OVER THE LAST WEEK,** were you able to: | without **ANY**difficulty | with **SOME**difficulty | with **MUCH**difficulty | **UNABLE**to do |
| a. Dress yourself, including tying shoelaces and doing buttons? |  0 |  1 |  2 |  3 |
| b. Get in and out of bed? |  0 |  1 |  2 |  3 |
| c. Lift a full cup or glass to your mouth? |  0 |  1 |  2 |  3 |
| d. Walk outdoors on flat ground? |  0 |  1 |  2 |  3 |
| e. Wash and dry your entire body? |  0 |  1 |  2 |  3 |
| f. Bend down to pick up clothing from the floor? |  0 |  1 |  2 |  3 |
| g. Turn regular faucets on and off? |  0 |  1 |  2 |  3 |
| h. Get in and out of a car, bus, train, or airplane? |  0 |  1 |  2 |  3 |
| i. Walk two miles or three kilometers, if you wish? |  0 |  1 |  2 |  3 |
| j. Participate in recreational activities and sports as you would like, if you wish? |  0 |  1 |  2 |  3 |
| k. Get a good night’s sleep? |  0 |  1.1 |  2.2 |  3.3 |
| l. Deal with feelings of anxiety or being nervous? |  0 |  1.1 |  2.2 |  3.3 |
| m. Deal with feelings of depression or feeling blue? |  0 |  1.1 |  2.2 |  3.3 |
|  |
| **2.** how much pain have you had because of your condition **OVER THE PAST WEEK**?Please indicate below how severe your pain has been: |
| **NO PAIN PAIN AS BAD AS IT COULD BE**● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10 |
|  |
| **3.** considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing: |
| **VERY WELL VERY POORLY**● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10 |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_