RHEUMATOLOGY ASSOCIATES, P.C.

NAME:_____ DATE:_____

For Office Use Only

GL ☐

PN ☐

FN ☐

1= 0.33
2= .67
3= 1.0
4= 1.33
5= 1.67
6= 2.0
7= 2.33
8= 2.67
9= 3.0
10= 3.33
11= 3.67
12= 4.0
13= 4.33
14= 4.67
15= 5.0
16= 5.33
17= 5.67
18= 6.0
19= 6.33
20= 6.67
21= 7
22= 7.33
23= 7.67
24= 8.0
25= 8.33
26= 8.67
27= 9.0
28= 9.33
29= 9.67
30= 10.0

Considering all the ways in which illness and health conditions may affect you at this time, please make a mark below to show how you are doing.

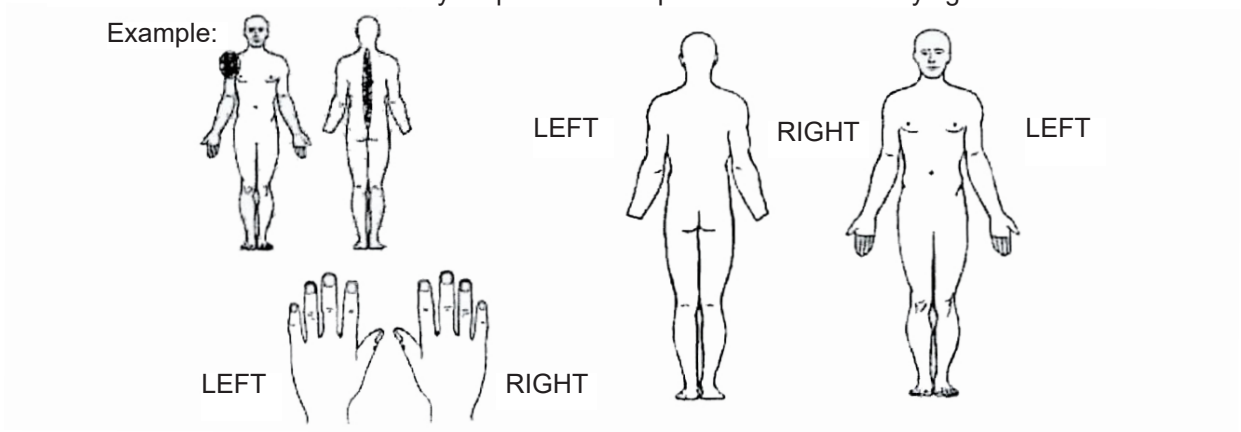
Very Well 0 1 2 3 4 5 6 7 8 9 10 Very Poor

How much pain have you had because of your condition over the past week? Place a mark on the line below to indicate how severe your pain has been:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

MILD PAIN — MODERATE PAIN — SEVERE PAIN

Please shade all the locations of your pain over the past week on the body figures and hands.



Activity Level-Right now, are you able to:	Without any Difficulty	With some Difficulty	With much Difficulty	Unable
1. Dress yourself including buttons and laces?	0	1	2	3
2. Get in and out of bed?	0	1	2	3
3. Lift a full cup or glass to your mouth?	0	1	2	3
4. Walk outdoors on flat ground?	0	1	2	3
5. Wash and dry your entire body?	0	1	2	3
6. Bend down to pick up something off the floor?	0	1	2	3
7. Turn regular faucets on and off?	0	1	2	3
8. Get in and out of a car, bus, train, or airplane?	0	1	2	3
9. Walk 2 miles?	0	1	2	3
10. Participate in a sports game as you would like?	0	1	2	3

List any doctors you would like your records sent to:

1. _____
2. _____

Since your last visit, please list any of the following:

Hospitalizations: _____

_____

Surgeries: _____

_____

NEW drug allergies: _____

_____

NEW medical problems: _____

_____

NEW symptoms/infections: _____

_____

Do you have a living will? YES NO

Do you have a Durable Power of Attorney?

YES NO

Do you have a healthcare Proxy? YES NO

If yes, please list: _____

IF OVER THE AGE OF 65:

Have you had any falls in the last year?

If yes, how many? _____

Did the fall(s) result in injury?_____