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

HPI,

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

ROS, and PFSH

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

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:

HENNT: **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** ☐ **Periungual erythema** ☐ **Nodules** ☐ **Tophi** ☐ **Discoid 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** _____

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