

@NAME@ is a @AGE@ @SEX@ with a history of *** here today for rheumatologic evaluation of ***.

FIRST VISIT

Began ***

[or Disease duration: ***]

***history of dactylitis/swelling of whole digit

***history of tendon or bursa inflammation

***back and/or neck pain

Psoriasis history:

Diagnosed in ***

Disease duration: ***

Nail involvement: ***

Areas of involvement: ***

Treatments to date have included ***

Treatments to date:

NSAIDs: ***

Oral DMARDs: ***

Biologic DMARDs: ***

Physical therapy: ***

Social Hx:

Smoking: ***

Alcohol: ***

Work: ***

Family Hx: ***history of psoriasis or psoriatic arthritis, ankylosing spondylitis, inflammatory bowel disease, or uveitis. No other known history of autoimmune disease in the family. *** history of cardiovascular disease in the family.

Labs: ***RF, ***CCP, ***HLA-B27

HISTORY OF PRESENT ILLNESS

Joints involved: ***

***min morning stiffness

***pain

***swelling

***NSAID use

Exercise: ***

***Psoriasis

***Itch

***Palms (area) of involvement

***Areas of involvement (scalp, inverse, genital)

***How much topical use

***How happy are you with your current involvement?

REVIEW OF SYSTEMS:

***Redness or pain in the eyes
***Diarrhea, constipation, blood in the stool
***Medication side effects
***Recent infections
***Depression or Anxiety
Remainder negative in detail.

Health Maintenance:

Vaccinations: *** influenza, *** pneumovax, ***TDAP
@imm@
PPD: ***

No change in **social history** or **family history**.

PAST MEDICAL HISTORY:

@PROBLIST@

MEDICATIONS:

@CMEDLIST@

PHYSICAL EXAM:

@VITALSM@

In general, ***the patient appears in no distress.

HEENT: ***eyes are anicteric and without injection, ***OP clear and without erythema. ***no thrush. The salivary pool is ***normal and tear meniscus is ***normal. ***No redness, fissuring, or dryness of the tongue.

Neck: supple, ***no thyromegaly, ***the submandibular glands are normal

Lymphatic: ***no lymphadenopathy in the anterior/posterior cervical chains, supraclavicular or posterior auricular nodes.

CV: ***Regular rhythm and rate, normal S1/S2, ***no murmurs, rubs or gallops

Pulm: ***Clear to auscultation bilaterally, symmetrical breathing, ***no wheezes/crackles/rhonchi, no rubs

Ext: ***no clubbing or cyanosis. ***no edema

Neuro: alert and oriented, ***non-focal

Psyc: ***normal affect, insight and judgment

Psoriasis/Skin Exam:

Psoriasis subtype = ***

Psoriasis: PGA: Erythema (0-5) ***; Induration (0-5) ***; Scale (0-5) ***

BSA: ***

Nails: ***

{Psoriasis Type:108052}

MUSCULOSKELETAL EXAM:

TMJ: ***

Hands: ***. *** Heberdon's/Bouchard's nodes.

Wrists: ***

Elbows: ***

Shoulders: *** , AC joint ***

Sternoclavicular joints: ***

Hips: ***, *** Patrick's/FABER, *** SI joint tenderness

Knees: ***

Ankles: ***, *** posterior tibial tendons, *** peroneal tendons

Feet: ***

Spine: ***nontender, ***normal ROM on lateral bending, ***normal cervical ROM

Modified Schober's: *** cm

Occiput to Wall: ***

Tender Joint Count total: *** (0-68)

(MCPs, PIPs, DIPs, wrists, elbows, shoulders, SCM, AC, TMJ, hips, knees, ankle, midfoot/tarsus, MTP, Toe PIPs)

Swollen Joint Count total: *** (0-66)

(MCPs, PIPs, DIPs, wrists, elbows, shoulders, SCM, AC, TMJ, knees, ankle, midfoot/tarsus, MTP, Toe PIPs)

Entheses: *** lat epicondyles, ***med epicondyles, ***supraspinatus insertion, ***greater trochanter, *** quad tendon insertion, *** med femoral condyle, ***patellar ligament, *** Achilles, *** plantar fascia

Enthesitis: {Psoriasis Enthesitis:21514}

Dactylitis Count: *** (0-20)

Active features: ***peripheral joints, ***dactylitis, ***enthesitis, ***spine, ***nail disease, ***skin.

Physician Global Assessment:

Overall PsA (0-100): ***

Skin Static Physician Global Psoriasis (sPGA)

Rate the patient's PSORIASIS and how it affects him/her today. Check one appropriate response from the following options.

<input type="checkbox"/> 0 = Clear	No signs of psoriasis. Post-inflammatory hyperpigmentation may be present.
<input type="checkbox"/> 1 = Almost Clear	Normal to pink coloration of lesions; no thickening; no to minimal focal scaling
<input type="checkbox"/> 2= Mild	Pink to light red coloration; just detectable to mild thickening; predominantly fine scaling.
<input type="checkbox"/> 3 = Moderate	Dull bright red, clearly distinguishable erythema; clearly distinguishable to moderate thickening; moderate scaling.
<input type="checkbox"/> 4 = Severe	Bright to deep dark red coloration; severe thickening with hard edges; severe/coarse scaling covering almost all or all lesions.

Patient Reported Outcomes

RAPID3:

FN - Functional Status: ***

PN - Pain: ***

GL - Global Status: ***

Rapid3 Total: ***

(Options for Patient Reported Outcomes: note about PROs used in Rheumatology – PSAID, RAPID3, Patient Global, Patient Pain Assessment and Dermatology- simple questions about how happy are you with your psoriasis? These may best be collected before patients enter the room)

***** Labs**

***CRP, CBC, CMP

***** Imaging**

ASSESSMENT: ***

Since last visit, disease activity in the psoriatic arthritis is ***improved, unchanged, worsened and disease activity in the psoriasis is ***improved, unchanged, worsened.

PLAN: ***

Psoriatic Arthritis Management: ***

(Note: MDA/VLDA includes ≤ 1 swollen joints, ≤ 1 tender joints, ≤ 1 entheses, $\leq 3\%$ BSA or PASI ≤ 1 , HAQ <0.5 , Patient Global $<20/100$, Patient Pain $<15/100$)

Laboratory Monitoring for Disease Activity and Medication Toxicity: ***

Psoriasis Management: ***

*T2T NPF: BSA 0-3% mild, 3-10% moderate, >10% severe
Where 1% is 1 of the patient's palms*

Comorbidities

Cardiovascular Risk in Inflammatory Arthritis: ***

(Address lipid screening, smoking, risk factors such as hypertension, diabetes, family history, obesity)

Hypertension Screening: ***

(Note: most recent guidelines suggest that a healthy blood pressure is 120/80 and hypertension begins at 130/80)

Bone Health: ***

(osteoporosis screening per USPSTF guidelines, note that patients with RA and PsA are at increased risk for fracture and take axial disease, glucocorticoid use and menopausal status into consideration)

Health maintenance:

Exercise and Stretching: ***

(consider 2018 EULAR physical activity recommendations)

Vaccinations: ***

(Consider ACIP and/or IDSA recommendations for vaccination of immunocompromised patients; in particular, pneumonia vaccination, influenza vaccination, killed shingles vaccination, TDAP)

TB Screening: ***

(TB screening recommended before therapy change and yearly by some organizations)

Additional screening prior to therapy: ***

(Consider check HBV SAb, HBV SA_g, HBV CoAg, HCV Ab)

Follow up in ***

@ME@

@TD@ @NOW@

Cc Dermatologist