

Insert patient ID label

Date:

Age:

Height:

Weight:

BP:

Urinalysis:

History

Medication

Core Set Criteria	
Number of active joints	_____
Number of limited joints	_____
ESR * Result	_____
Done	<input type="checkbox"/>
Not done	<input type="checkbox"/>
CHAQ score	_____
Patient/Parent Global	_____ (cm)
Physician Global	_____ (cm)

* Plasma Viscosity may be substituted if ESR unavailable

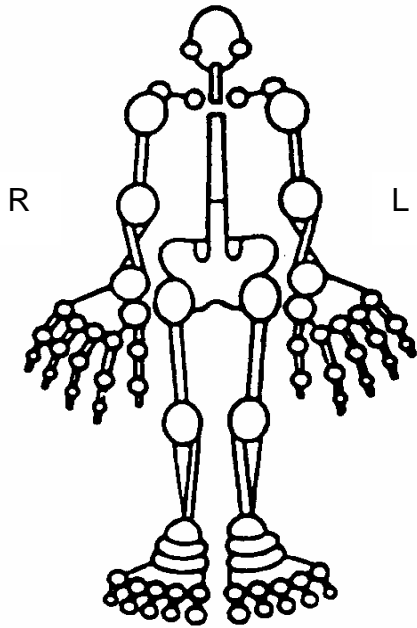
Physician's Global Assessment

Very well
0

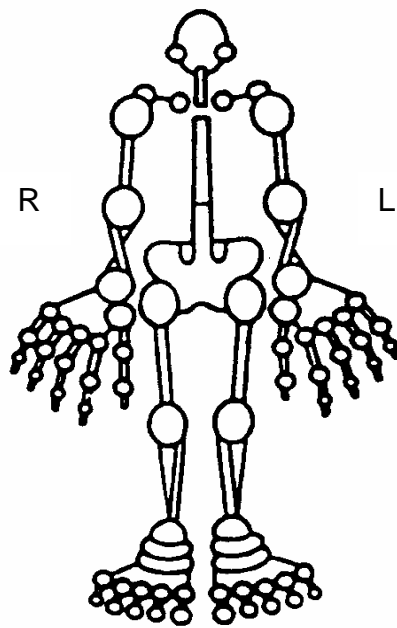
Very unwell
10

Examination

Active joint count



Limited joint count



Impression / Diagnosis

Plan

Follow up

Clinician Signature

Clinician GMC Number