

RHEUMATOID ARTHRITIS

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

1. When was the disease diagnosed? _____

2. How severe is it (mild, moderate, severe)? _____

3. Any anemia? Yes No

4. Is the client taking medication? Indicate type and dosage.

(Accurate) Name of Medication	Dosage	Reason

5. Which of your joints are affected?

6. Describe present symptoms.

8. How frequently do symptoms occur? _____

3. Is the client's lifestyle normal? Yes No

3. Does your client use a cane or other mobility aids? Yes No

9. Any disability? Yes No
If Yes, provide details _____

3. Has the client ever taken steroids, gold or immunosuppressive therapy? Yes No

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