

Patient Data Collection Sheet

RHEUMATOID ARTHRITIS

Date ____ / ____ / 20____

Dr. Jane Smith

Patient Information Label

PATIENT INFORMATION

Fill out below or affix label at right.

Name _____

DOB ____ / ____ / ____ M F Year of disease onset _____
(optional at initial visit)

SIGNAL MEASURES*

Record patient's score for each assessment listed.

Score	Assessment (Range)
	MD Global (0-10)
	RAPID3 (0-30)
	VectraDA (0-100)

*Signal measures are disease activity measures of a physician's choosing that are consistently tracked (in a population registry) on all patients with a specific disease; cumulative data is used for clinical population management.

MEDICATIONS (optional)

Check a box for each medication that applies; record dose if desired.

Start	Stop	Continue	Medication	Dose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Azathioprine	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydroxychloroquine	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leflunomide	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methotrexate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prednisone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sulfasalazine	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other DMARD _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abatacept (Orencia)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adalimumab (Humira)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Etanercept (Enbrel)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golimumab (Simponi)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infliximab (Remicade)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rituximab (Rituxan)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tocilizumab (Actemra)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tofacitinib (Xeljanz)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other biologic _____	

Enter all data into physician's population registry at earliest convenience.