



## Public Health Pharmacist Clinic of Albuquerque NM

### F. The Arthritis Screening Form

Date started.....

<b>Name:</b>		<b>Address</b>	
<b>Phone Number</b>			
<b>Birth Date</b>			
<b>Emergency Contact/Phone numbers:</b>			
<b>IMMUNIZATION RECORD</b> (Record the date/year of last dose taken, if known)			
TETANUS		FLU VACCINE(S)	
PNEUMONIA VACCINE		HEPATITIS VACCINE	OTHER
<b>Allergic To /Describe Reaction:</b>		<b>Allergic To /Describe Reaction:</b>	
<b>Disease conditions:</b>			

1. My weight today .....
2. What is your weight goal .....?
3. My pain level today on a scale of 1-10 .....
4. Areas where I feel pain .....
5. What I used in the past for the pain .....
6. What I am using now for the pain .....
7. Is it working? .....
8. Which areas do you need help today? Circle all that applies.

- Education on self-management skills
- Tailored exercise for you
- Weight management
- Joint care