

# Rheumatoid Arthritis Test

## Patient Information

Name

Date of birth

Date of test

Physician/healthcare provider

## Clinical History and Symptoms

Duration of symptoms

Symptom Description (Joint pain, stiffness, swelling, etc.)

Affected Areas (e.g., hands, knees)

Symptoms severity

Scale of 1 to 10

Morning stiffness duration

Family history of rheumatoid arthritis

Yes

No

## Physical Examination

Joint examination (swelling, tenderness, deformity)

Muscle strength

Presence of rheumatoid nodules

Yes

No

## Laboratory Tests

Rheumatoid Factor (RF) Test

Positive

Negative

### Anti-Cyclic Citrullinated Peptide (Anti-CCP) Antibodies

Positive

Negative

### Erythrocyte Sedimentation Rate (ESR)

### C-Reactive Protein (CRP) Level

### Complete Blood Count (CBC) Results

## Imaging Tests

### X-Ray Findings

### Ultrasound/MRI Findings (if applicable)

## Functional Status Assessment

### Daily Activity Limitations

### Impact on Quality of Life:

## Diagnosis

### Preliminary Diagnosis

### Differential Diagnosis Considered

## Treatment Plan

### Medications Prescribed (e.g., DMARDs, NSAIDs)

### Physical Therapy

Recommended

Not Recommended

### Lifestyle Modifications (Diet, Exercise)

### Follow-up Schedule

# Physician's Notes and Observations

Physician's Notes and Observations

## Patient Acknowledgment

Patient's Understanding of Diagnosis and Treatment Plan

Yes	No
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Patient's signature



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Date

## Physician/Healthcare Provider's Signature

Name

Signature



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Date