

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
-----	----

Patient's signature



Date

Physician/Healthcare Provider's Signature

Name

Signature



Date