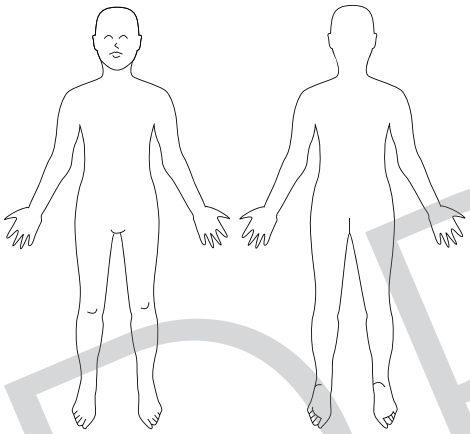
PPACMAN Psoriasis & Psoriatic Arthritis Clinics Multicenter Advancement Network

Psoriasis and Psoriatic Arthritis Combined Clinic Electronic Medical Records Form

NAME:
AGE:
SEX:
CHIEF COMPLAINT:

_____
_____
_____

HISTORY OF PRESENT ILLNESS:
The patient presents for the initial evaluation of [psoriasis / psoriatic arthritis]. The patient reports a history of psoriasis for ___ years. Areas of involvement to date include:



__scalp
__trunk
__extremities
__nail
__intertriginous/inverse (body folds)
__genital
__palmo-plantar
__pustular
__(other):_____

If the patient reports "known" history of psoriatic arthritis, please complete:
The patient reports history of psoriatic arthritis for ___ years. The patient referes history of:
__joint pain
__joint stiffness
__swelling of whole digit (dactylitis)
__neck pain
__back pain
Current treatment listed below.
Psoriasis History
Description:

Psoriasis type:
__plaque
__pustular
__erythroderma
__inverse
__nail

Itch severity:
How would you rate your itching over the past week? Please select a number to indicate your answer.

0: No itch	1	2	3	4	5	6	7	8	9	10: Worst imaginable itch

Current treatment for psoriasis:

Treatment	Details
Topical(s)	
Phototherapy	
Oral DMARDs	
Biologic DMARDs	

Past treatment for psoriasis:

Treatment	Reason for cessation: incomplete response, failed, intolerance
Topical(s)	
Phototherapy	
Oral DMARDs	
Biologic DMARDs	

Psoriatic Arthritis History

Description:

Joints involved: _____

_____

Minutes morning stiffness: ___

Does the stiffness improve with exercise? [YES/NO]

Pain: [YES/NO]

Swelling: [YES/NO]

Current treatment for psoriatic arthritis:

Treatment	Details
Physical therapy	
NSAIDS	
Oral DMARDs	
Biologic DMARDs	
Intra-articular	

Past treatment for psoriatic arthritis:

Treatment	Reason for cessation: incomplete response, failed, intolerance
Physical therapy	
NSAIDS	
Oral DMARDs	
Biologic DMARDs	
Intra-articular	

Family History of Psoriasis / Psoriatic Arthritis:

_____
_____
_____

(Note: Both psoriasis and PsA show high rates of familial aggregation, suggesting that both disorders have a strong genetic basis. Of note, the prevalence of PsA among first-degree relatives was 49 times higher than the prevalence in the general population.)

HISTORY OF COMORBIDITIES / CO-PREVALENT DISORDERS:
Inflammatory bowel disease: _____
Uveitis: _____
Metabolic syndrome: _____
Fatty liver: _____
Cardiovascular disease: _____
Depression/Anxiety: _____
Other: _____

HISTORY OF RELEVANT LAB RESULTS: (i.e. RF, CCP, HLA-B27, ESR, CRP; known imaging changes of inflammatory arthritis / PsA eg erosive disease on xray)

_____
_____

SOCIAL HISTORY:

_____
_____

PAST MEDICAL HISTORY:

_____
_____

MEDICATIONS:

_____
_____

PSA SCREENING - PSORIASIS EPIDEMIOLOGY SCREENING TOOL (PEST)
If unknown history of psoriatic arthritis, administer the Psoriasis Epidemiology Screening Tool (PEST):
Score 1 point for each question answered 'YES'. Note: a score of 3 or more indicates referral to rheumatology should be considered.
1. Have you ever had a swollen joint (or joints)? Yes/No
2. Has a doctor ever told you that you have arthritis? Yes/No
3. Do your finger nails or toenails have holes or pits? Yes/No
4. Have you had pain in your heel? Yes/No
5. Have you had a finger or toe that was completely swollen and painful for no apparent reason? Yes/No

Completed: [YES / NO]
If YES, total Score (0-5): __/5

ASSESSMENT:
General Exam: _____
_____
_____

Skin Exam:
A full physical examination was performed including scalp, head, eyes, ears, nose, lips, neck, chest, axillae, abdomen, back, buttocks, bilateral upper extremities, bilateral lower extremities, hands, feet, fingers, toes, fingernails, and toenails.
Current psoriasis type: Well demarcated erythematous plaques with overlying silvery scale involving _____
_____
_____

Overall 5-point Physician Global Assessment:
0 : Clear
1 : Almost Clear
2 : Mild
3 : Moderate
4 : Severe

The Physician's Global Assessment of Psoriasis is scored on a 5-point scale, reflecting a global consideration of the erythema, induration and scaling across all psoriatic lesions. Average erythema, induration and scaling are scored separately over the whole body according to a 5-point severity scale (0 to 4) as defined by morphologic descriptors.

Erytehma	*Induration*	*Scaling*
0 = No evidence of erythema (post-inflammatory hyperpigmentation and/or hypopigmentation may be present) *1 = Light pink* *2 = Light red* *3 = Red* *4 = Dark, deep red*	*0 = No evidence of plaque elevation* *1 = Barely palpable* *2 = Slight, but definite elevation, indistinct edges* *3 = Elevated with distinct edges* *4 = Marked plaque elevation, hard/sharp borders*	*0 = No evidence of scaling* *1 = Occasional fine scale* *2 = Fine scale predominates* *3 = Coarse scale predominates* *4 = Thick, coarse scale predominates*

BSA (1 patient palm = 1% BSA) = ___ %
BSA x PGA = ___

PLAN:

Psoriasis Management:

(Note: consider the following treat-to-target guidelines(T2T) Guidelines per the National Psoriasis Foundation:

- *BSA 0-3% mild, 3-10% moderate, >10% severe*
- *Target response BSA ≤1% at 3 months and 6 months*
- *Acceptable response of ≤3% at 3 months or 75% improvement from baseline)*

_____
_____
_____
_____

Psoriatic Arthritis Management:

_____
_____
_____
_____
_____

Comorbidities Management:

Do you have a primary care physician (PCP)? [YES / NO]

If YES, how frequently do you see your PCP? _____

Major Comorbidities:

Cardiovascular Disease (CVD): *(Note: Psoriatic disease is associated with an increased risk of myocardial infarction and stroke. Screening for CVD is recommended yearly by measuring blood pressure and serum lipids by PCP)*

_____

Hypertension: *(Note: hypertension begins at 130/80. American College of Cardiology Guidelines: http://www.acc.org/latest-in-cardiology/ten-points-to-remember/2017/11/09/11/41/2017-guideline-for-high-blood-pressure-in-adults)*

_____

Diabetes:

_____

Obesity:

_____

Depression and Anxiety:

_____

Minor Comorbidities (i.e. osteoporosis, obesity, inflammatory bowel disease, ophtalmic disease, malignancy)

Immunization / High Risk Medication Screening
Vaccinations: *(Note on vaccinations: Adminster yearly influenza vaccine to all patients, particularly those receiving immune suppression. Avoid live and live attenuated vaccines in patients receiving immunosuppression. Hepatitis B vaccinations is safe to administer in immunosuppressed patients.)*

_____
_____
_____

Pneumococcal Vaccines:
- Prevnar (13-valeant pneumococcal conjugate vaccine)
- Pneumovax (13-valeant pneumococcal polysaccharide vaccine)

Administration recommendations:
(1) A patient who has never been vaccinated for pneumococcal pneumonia should be given Prevnar, followed by Pneumovax 8–12 weeks later. The Pneumovax vaccine should be repeated 5 years later.
(2) A patient who has already received Pneumovax should be given Prevnar 1 year later.
(3) Patients previously vaccinated with Prevnar should receive Pneumovax 1 year later.

Hepatitis B and TB Screening:
Hepatitis B, C status:
___ HBV surface antigen (HBsAg)
___ HBV surface antibody (HBsAb)
___ HBV core antibody (HbcAb).

TB Screening: *(Note on TB screening: screening tests include tuberculin skin test (TST); commonly referred to as a 'PPD') and the interferon gamma release assay (IGRA); commonly referred to as a T-spot or Quantiferon-Gold. If screening for TB reveals latent M. tuberculosis infection, the TB must be treated prior to initiation of immunomodulatory therapy.)*

- Date of last PPD:
- Date of last T-spot:

Laboratory Monitoring for disease activity and Medication Toxicity
Labs: BUN, Cre, LFTs, CBC with diff. Last checked: ___/___/_____
Consider these 3 as relevant: CRP; ESR; anti-CCP, RF

Imaging
Rx:

Follow up in _____

Cc
Primary care
Rheumatologist