

Medication Record

Weight (kg): _____ Height (cm): _____ BSA in square meters (m2): _____

Medications	Administration Status	Current Dose	Current Frequency	Start Date	Stop Date	Reason for Discontinuation	Comments
Glucocorticoids ☐							
Oral Glucocorticoids ☐ Prednisone ☐ Methylprednisolone ☐ Prednisolone ☐ Other _____	☐ Current ☐ Ever ☐ Never ☐ Unknown	_____ mg/day Or _____ mg/kg/day	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2x Monthly_ _____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Intravenous methylprednisolone Date last administered: __/__/__	☐ Current ☐ Ever ☐ Never ☐ Unknown	_____ mg/infusion Or _____ mg/kg/infusion	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2x Monthly_ _____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Topical agents ☐							
Topical Steroids	☐ Current ☐ Ever ☐ Never ☐ Unknown	NA	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2x Monthly_ _____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	

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Topical agents							
Topical tacrolimus (Protopic) or pimecrolimus	☐ Current ☐ Ever ☐ Never ☐ Unknown	NA	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Topical ruxolitinib (OPZELURA)	☐ Current ☐ Ever ☐ Never ☐ Unknown	NA	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Non-biologic Disease Modifying Antirheumatic Drugs (DMARDS) ☐							
Azathioprine (Imuran)	☐ Current ☐ Ever ☐ Never ☐ Unknown	_____mg/day Or _____mg/kg/day	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	

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Non-biologic Disease Modifying Antirheumatic Drugs (DMARDs)							
Cyclophosphamide (Cytoxan) IV	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/infusion Dose per BSA: ____mg/m2/infusion	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Cyclophosphamide (Cytoxan) po	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/dosage Or ____mg/kg/dosage	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Cyclosporin A (Sandimmune or Neoral)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/day Or ____mg/kg/day	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	

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Non-biologic Disease Modifying Antirheumatic Drugs (DMARDs)							
Hydroxychloroquine (Plaquenil)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/day Or ____mg/kg/day	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Leflunomide (ARAVA)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/day Or ____mg/kg/day	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Methotrexate Mode of Administration (check all that apply): Oral_ ____ Subcutaneous_ IM_ ____ IV_ Unknown_ ____	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/week Or ____mg/kg/week	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	
Mycophenolate mofetil (MMF)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/day Or ____mg/kg/day	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____	

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Non-biologic Disease Modifying Antirheumatic Drugs (DMARDS)							
Tacrolimus (FK 506)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/day Or ____mg/kg/day	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: ____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other ____	
Abatacept (Orencia) ☐ IV ☐ SC	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/dosage Or ____mg/kg/dosage	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: ____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other ____	
Adalimumab (Humira)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/dosage Or ____mg/kg/dosage	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: ____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other ____	
Etanercept (Enbrel, Benepali, Erelzi)	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/week Or ____mg/kg/week	Daily_ ____ Weekly_ ____ Monthly_ ____ Every Other Day_ ____ Every 2 Weeks_ ____ 2x Daily_ ____ 2x Weekly_ ____ 2xMonthly_ ____ Other, specify: ____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other ____	

Medications	Administration Status	Current Dose	Current Frequency	Start Date	Stop Date	Reason for Discontinuation	Comments
Biologics or Targeted Disease Modifying Antirheumatic Drugs (DMARDs)							
Immunoglobulin therapy ○ IV ○ SC Date last administered: __/__/__	○Current ○Ever ○Never ○Unknown	____gm/infusion Or ____gm/kg/infusion	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Infliximab (REMICADE)	○Current ○Ever ○Never ○Unknown	____mg/infusion Or ____mg/kg/infusion	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Janus Kinase (JAK) Inhibitors: ☐ Tofacitinib, ☐ Baricitinib, ☐ Ruxolitinib, ☐ Other: _____	○Current ○Ever ○Never ○Unknown	____mg/day Or ____mg/kg/day	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Kineret (Anakinra)	○Current ○Ever ○Never ○Unknown	____mg/day Or ____mg/kg/day	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	

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Biologics or Targeted Disease Modifying Antirheumatic Drugs (DMARDS)							
Rituximab (anti-CD20) Date last administered: __/__/__	☐ Current ☐ Ever ☐ Never ☐ Unknown	____mg/infusion Or Dose per BSA: ____mg/m2/infusion	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Over the counter (OTC) medications ☐							
Vitamin D	☐ Current ☐ Ever ☐ Never ☐ Unknown	____IU/dosage Or ____IU/kg/dosage	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Probiotics	☐ Current ☐ Ever ☐ Never ☐ Unknown	____CFU/dosage Or ____CFU/kg/dosage	Daily_ Weekly_ Monthly_ Every Other Day_ Every 2 Weeks_ 2x Daily_ 2x Weekly_ 2xMonthly_ Other, specify: _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	

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Over the counter (OTC) medications							
Herbal or Nutritional Supplements: Specify: _____	☐ Current ☐ Ever ☐ Never ☐ Unknown	____ mg/dosage Or ____ mg/kg/dosage	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____ _____	
Other medications ☐							
Other drugs, biologics, topicals, OTC therapies: Specify: _____	☐ Current ☐ Ever ☐ Never ☐ Unknown	____ mg/dosage Or ____ mg/kg/dosage	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____ _____	
Other drugs, biologics, topicals, OTC therapies: Specify: _____	☐ Current ☐ Ever ☐ Never ☐ Unknown	____ mg/dosage Or ____ mg/kg/dosage	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other _____ _____	

Medications	Administration Status	Current Dose	Current Frequency	Start Date	Stop Date	Reason for Discontinuation	Comments
Other medications							
Other drugs, biologics, topicals, OTC therapies: Specify: _____	☐ Current ☐ Ever ☐ Never ☐ Unknown	_____mg/dosage Or _____mg/kg/dosage	Daily_ _____ Weekly_ _____ Monthly_ _____ Every Other Day_ _____ Every 2 Weeks_ _____ 2x Daily_ _____ 2x Weekly_ _____ 2xMonthly_ _____ Other, specify: _____ _____			☐ Tapering of Therapy ☐ Lack of efficacy ☐ Side effects ☐ Financial concerns ☐ Reproductive health ☐ Other_____	
Exercise (defined as any planned physical activity with the goal to improve any aspect of physical or psychological health) Yes ☐ No ☐ Unknown ☐							
Session Type:		Frequency					
I- Aerobic Training (increasing heart rate) ☐							
☐ Moderate cardio (aerobic): 'increase breathing, able to talk' (definition: 3 times per week, 30 minutes/session)		_____ /weekly					
☐ Vigorous cardio (aerobic): 'breathing fast, unable to talk' (definition: 3 times per week, 15-30 minutes/session)		_____ /weekly					
II- Resistance training (working with larger muscle groups against a resistance of gym equipment, free weights or the body weight) ☐							
☐ Muscle strength training of 8-12 repetitions per set, resulting in moderate to high muscle exertion		_____ /weekly					
☐ Muscle endurance training of >15 repetitions per set, resulting in moderate to high muscle exertion		_____ /weekly					

Exercise (defined as any planned physical activity with the goal to improve any aspect of physical or psychological health)		
Session Type:	Frequency	
III- Miscellaneous exercise routines ☐		
☐ Range of motion exercises	_____ /weekly	
☐ Any exercise on lower intensity than described above (for example: cardio twice weekly/yoga/tai chi/stretching)	_____ /weekly	
Physical activity (defined as any activity increasing energy expenditure above resting levels) ☐		
☐ Physical Activity (as part of daily routine, i.e. walking to work, gardening, cleaning)	_____ /minutes weekly	