Medical Summary and Emergency Care Plan: Juvenile Idiopathic Arthritis

This document should be shared with and carried by young adults and caregivers.

Date Completed/Last Revised:

Contact Information

Name:		Nickname:
DOB:		Preferred Language:
Parent (Caregiver):		Relationship:
Address:		
Cell #:	Home #:	Best Time to Reach:
E-Mail:		Best Way to Reach: Text Phone Email
Health Insurance/Plan:		Group and ID #:

Additional Information (hobbies/interests, personal details, other key information):

JIA History

Date of JIA Diagnosis:

Type of JIA	**Uveitis History:**	**Other Complications**
☐ Oligoarticular persistent ☐ Oligoarticular extended ☐ Polyarticular RF negative ☐ Polyarticular RF negative ☐ Enthesitis related arthritis ☐ Psoriatic arthritis ☐ Systemic JIA ☐ Unclassified JIA ☐ Overlap with_____	☐ No history of uveitis ☐ History of uveitis, now inactive ☐ History of uveitis, active ☐ Current Eye Provider: ☐ Date of Last Eye Exam:	☐ Macrophage activation syndrome (MAS) ☐ Cervical spine instability ☐ TMJ arthritis ☐ Micrognathia ☐ Limb length discrepancy ☐ Sacroiliitis

Infection Risk Screening	Date	Not Done	Positive	Negative	**Other Labs**	Not done	Positive	Negative
PPD					ANA			
Quantiferon TB					RF			
Hepatitis B					Anti-ccp ab/ACPA			
Hepatitis C					HLA-B27			
HIV								

Current Medications ☐ See attached medication list

Takes medications independently: ☐ yes ☐ no
Performs own injections if applicable: ☐ yes ☐ no
Can obtain refills independently: ☐ yes ☐ no

Preferred pharmacy:

Medication	Dose	Frequency

Prior JIA Medications	Reason Discontinued
☐ NSAID(s):	
☐ Hydroxychloroquine	
☐ Sulfasalazine:	
☐ Cyclosporine	
☐ Methotrexate oral	
☐ Methotrexate subcutaneous	
☐ Leflunomide (Arava)	
☐ Etanercept (Enbrel)	
☐ Adalimumab (Humira)	

☐ Infliximab (Remicade)	
☐ Golimumab (Simponi)	
☐ Certolizumab (Cimzia)	
☐ Abatacept (Orencia) ☐ IV ☐ SC	
☐ Tocilizumab (Actemra) ☐ IV ☐ SC	
☐ Anakinra (Kineret)	
☐ Canakinumab (Ilaris)	
☐ Ustekinumab (Stelara)	
☐ Apremilast (Otezla)	
☐ Tofacitinib (Xeljanz)	
☐ Secukinumab (Cosentyx)	
☐ Other	

Joint Injection History ☐ See attached list

Have joint injections been tolerated without sedation? ☐ yes ☐ no

Joint(s) Injected	Date

Medication Allergy/Intolerance

Medication ☐ See attached list	Reactions

Other Health Conditions

Condition ☐ See attached list	Details

Immunization ☐ See attached immunization list	Date(s)
Pneumococcal vaccination	
Influenza vaccination	
Meningococcal vaccination	

Prior Surgeries, Procedures, Hospitalizations	Date

Most Recent Key Labs and Radiology	☐ See attached lab and radiology results
Test	Date

Social History	
Lives with:	Educational/vocational goals:

Risk Behaviors	Yes	Yes	Not Asked
Uses tobacco			
Uses other drugs			
Discussed sexual activity			
Discussed contraception			

Other Health Care Providers			
Type	**Name**	**Phone**	**Fax**
Primary Care			
Eye Provider			

Emergency Care Plan		
Emergency contact name:		
Relationship:	Phone 1:	Phone 2:
Preferred location for emergency care:		
Special concerns for emergencies:		

Signature Patient/Guardian	Print Name	Date
Rheumatology Provider Signature	Print Name	Date