

ARTHRITIS



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What type is it? (Example: rheumatoid, osteo, gouty, etc.)
2. When was it initially diagnosed?
3. Are the joints involved?
4. What is the type of treatment, and does it include cortisone?
5. What medications and how often? (accurate name, dosage, and reason)