

TMH Physician Partners - SOUTHWOOD
RHEUMATOLOGY

Today's Date: _____

Patient Name: _____

Date of Birth: _____

We would like to know how you are feeling **TODAY**. For each joint marked with a square, please indicate the following:

- a. Place an "X" on each joint that hurts
- b. Circle whether the pain is "Mild", "Moderate", or "Severe"

