

Practice Name	Note: This sheet is not for entering data on your computer, it is only for printing and completing by hand. Once you have done this, enter your data on the appropriate data collection form.															
Review Date- please type date beside each individual record for current month	Patient	Ethnicity Please choose from one of the following options: Ethnic Group code 1-European 2-Maori 3-Pacific Peoples 4-Asians 5-Middle Eastern/Latin American/African 6-Other Ethnicity 9-Residual Categories	Has there been a full blood count in the past 3 months?		If any abnormal blood results have been received in the previous 3 months (WBC <3.5 x 10 ⁹ /L, neutrophils <2.0 x 10 ⁹ /L, platelets <150 x 10 ⁹ /L, ALT >x2 upper limit (>60) has action been recorded in the consultation record?			Is there a documented review of blood tests prior to issue of the last prescription?		Has the patient had or declined an influenza vaccine in the last 12 months?		Is it documented that the patient been asked within the last 3 months about any side effects, e.g. nausea, mouth ulcers, fever, sore throat, shortness of breath, diarrhoea?		Has the patient been given written information about the DMARD that they are taking within the last 12 months?		Comments
	1		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	2		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	3		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	4		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	5		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	6		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	7		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	8		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	9		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	
	10		Y	N	Y	N	N/A	Y	N	Y	N	Y	N	Y	N	