

# iPeer2Peer Physician Information and Examination Form

Disclaimer: The iPeer2Peer Program is not a replacement for medical care or mental health treatment. The below physician examination is required to verify rheumatic condition diagnosis and clear your teen for participation in the iPeer2Peer program.

## Physician Medical Examination

This form is to be filled out by a licensed physician (pediatric rheumatologist or other) and **returned to: Arthritis Foundation for participation in the iPeer2Peer program. Fax completed form to 404-953-6856.**

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Rheumatic disease diagnosis according to ACR/ILAR criteria: \_\_\_\_\_

Date of rheumatic disease diagnosis: \_\_\_\_\_

Mental/emotional health diagnosis (es): \_\_\_\_\_

Significant cognitive impairment (Y/N): \_\_\_\_\_

Other medical diagnoses: \_\_\_\_\_

### Current rheumatic disease status:

Remission    Well Controlled    Adequately Controlled    Occasional Exacerbation

Frequent Exacerbation    Poorly Controlled    Active Flare

Other: \_\_\_\_\_

Restrictions (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this teen is able to engage in the iPeer2Peer program.

Examining Physician \_\_\_\_\_ Date: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

