

Patient Screening Proforma

Patient Name:	DoB (DD/MM/YY): ____/____/____
Over 16 years old (please tick): Yes <input type="checkbox"/> No <input type="checkbox"/> - exclude	Sex (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>
Able to give informed consent (please tick): Yes <input type="checkbox"/> No <input type="checkbox"/> - exclude	Able to understand and communicate in English (assistance if needed) (please tick): Yes <input type="checkbox"/> No <input type="checkbox"/> - exclude
Beighton Score (please tick):	
Lumbar Spine: Hands flat on floor with knees straight <input type="checkbox"/> (1 Point)	
Left Elbow: >10 degrees extension <input type="checkbox"/> (1 Point)	
Right Elbow: >10 degrees extension <input type="checkbox"/> (1 Point)	
Left Knee: >10 degrees extension <input type="checkbox"/> (1 Point)	
Right Knee: >10 degrees extension <input type="checkbox"/> (1 Point)	
Left Thumb: touch forearm <input type="checkbox"/> (1 Point)	
Right Thumb: touch forearm <input type="checkbox"/> (1 Point)	
Left Little Finger: >90 degrees extension <input type="checkbox"/> (1 Point)	
Right Little Finger: >90 degrees extension <input type="checkbox"/> (1 Point)	
Total Points (maximum = 9): _____/9	
Brighton Criteria for JHS (please tick):	
Major Criteria:	Minor Criteria:
1. A Beighton score of 4/9 or greater (either currently or historically) <input type="checkbox"/>	1. A Beighton score of 1, 2 or 3/9 <input type="checkbox"/>
2. Arthralgia for longer than 3 months in 4 or more joints <input type="checkbox"/>	2. Arthralgia (> 3 months) in one to three joints or back pain (> 3 months), spondylosis, spondylolysis/spondylolisthesis <input type="checkbox"/>
	3. Dislocation/subluxation in more than one joint, or in one joint on more than one occasion <input type="checkbox"/>
	4. Soft tissue rheumatism. > 3 lesions (e.g. epicondylitis, tenosynovitis, bursitis) <input type="checkbox"/>
	5. Marfanoid habitus (tall, slim, span/height ratio >1.03, upper: lower segment ratio less than 0.89, arachnodactyly [positive Steinberg/wrist signs] <input type="checkbox"/>
	6. Abnormal skin: striae, hyperextensibility, thin skin, papyraceous scarring <input type="checkbox"/>
	7. Eye signs: drooping eyelids or myopia or antimongoloid slant <input type="checkbox"/>
	8. Varicose veins or hernia or uterine/rectal prolapse <input type="checkbox"/>
JHS is diagnosed in the presence of (please tick):	
Two major criteria <input type="checkbox"/>	One major and two minor criteria <input type="checkbox"/>
Four minor criteria <input type="checkbox"/>	Two minor criteria will suffice where there is an unequivocally affected first-degree relative <input type="checkbox"/>
JHS is <u>excluded</u> by the presence of (please tick):	
Marfan or Ehlers-Danlos syndromes (other than the EDS Hypermobility type (formerly EDS III) as defined by the Ghent (De Paepe 1996) and the Villefranche (Beighton et al 1998) criteria respectively) <input type="checkbox"/>	
<small>Criteria Major 1 and Minor 1 are mutually exclusive as are Major 2 and Minor 2.</small>	
Other known musculoskeletal pathology causing pain, particularly multiple joint osteoarthritis and inflammatory musculoskeletal disease such as rheumatoid arthritis (fibromyalgia and Ehlers Danlos Syndrome (hypermobility type) are not to be used as exclusion criteria) (please tick):	
Yes <input type="checkbox"/> - exclude . Details:	No <input type="checkbox"/>
Other serious pathology including malignancy (please tick):	
Yes <input type="checkbox"/> - exclude . Details:	No <input type="checkbox"/>
Conditions affecting ability to exercise e.g. uncontrolled cardiovascular disease (please tick):	
Yes <input type="checkbox"/> - exclude . Details:	No <input type="checkbox"/>
Recent physiotherapy for JHS (within the last year) (please tick):	
Yes <input type="checkbox"/> - exclude . Details:	No <input type="checkbox"/>
Pre-existing significant psychological distress or psychiatric conditions (please tick):	
Yes <input type="checkbox"/> - exclude . Details:	No <input type="checkbox"/>
Referred for or currently undergoing psychological treatment, such as CBT (please tick):	
Yes <input type="checkbox"/> - exclude . Details:	No <input type="checkbox"/>