

PSORIASIS EPIDEMIOLOGY SCREENING TOOL (PEST)

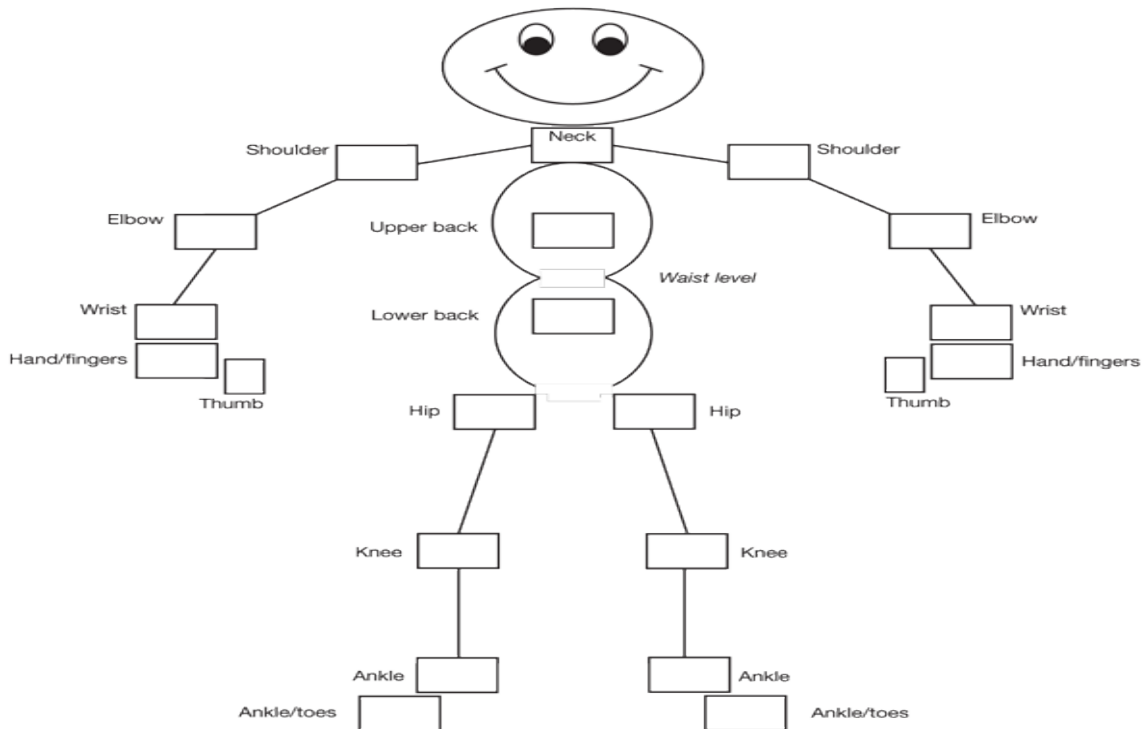
PATIENT NAME

DOB

DATE OF VISIT

	YES	NO
1. Have you ever had a swollen joint (or joints)?		
2. Has a doctor ever told you that you have arthritis?		
3. Do your finger nails or toenails have holes or pits?		
4. Have you had pain in your heel?		
5. Have you had a finger or toe that was completely swollen and painful for no apparent reason?		
TOTAL PEST SCORE		

In the drawing below, please tick the joints that have caused you discomfort (i.e. stiff, swollen or painful joints)



NOTES FOR DOCTOR:

- **A total score of 3 or more out of 5 is positive and indicates a referral to rheumatology should be considered**
- **Document ALL PEST scores in the notes**
- **Dictate 'NEXT PEST DUE DATE ' in GP/clinic letter – 1 Year from today's date**