

Arthritis & Rheumatic Diseases, P.C.
Patient History Forms

Patient Name: _____

In your own words, tell us about the reason for your referral to our office today. Please include when your symptoms began and the treatments you have been given:

Current Medications

Bring your medication bottles and a current list of your medications.

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Medication Allergies/Intolerances

(Such as hives, throat swelling, wheezing, upset stomach, diarrhea, and hair loss)

Medication

Reaction

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Past Medical History

Have you been diagnosed with any of the following rheumatological diseases?

- | | |
|---|--|
| <input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Systemic Lupus Erythematosus
<input type="checkbox"/> Psoriatic Arthritis
<input type="checkbox"/> Ankylosing Spondylitis
<input type="checkbox"/> Polymyalgia Rheumatica
<input type="checkbox"/> Giant Cell/Temporal Arteritis
<input type="checkbox"/> Dermatomyositis/Polymyositis | <input type="checkbox"/> Sjogren's Syndrome
<input type="checkbox"/> Raynaud's Syndrome
<input type="checkbox"/> Gout
<input type="checkbox"/> Pseudogout
<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Osteoporosis/History of Fractures
<input type="checkbox"/> Other: _____ |
|---|--|

Age of Menopause: _____

Other past medical history/chronic medical problems:

Have you been on any of the following medications? Circle if you have.

Rheumatology Medications

<u>Medication</u>	<u>Reason for Stopping</u>	<u>Medication</u>	<u>Reason for Stopping</u>
Actemra (tocilizumab)		Orencia (Abatacept)	
Arava (Leflunomide)		Plaquenil (Hydroxychloroquine)	
Cellcept (Mycophenolate Mofetil)		Prednisone	
Cosentyx (secukinumab)		Remicade (Infliximab)	
Enbrel (etanercept)		Rituxan (Rituximab)	
Humira (adalimumab)		Stelara (Ustekinumab)	
Imuran (Azathioprine)		Sulfasalazine	
Methotrexate		Xeljanz (Tofacitinib citrate)	

Anti-Inflammatory Medications

Bone Health Medications

<u>Medication</u>	<u>Reason for Stopping</u>	<u>Medication</u>	<u>Reason for Stopping</u>
Aleve (Naproxen)		Actonel (Risedronic Acid)	
Celebrex (Celecoxib)		Boniva (Ibandronic Acid)	
Feldene (Piroxicam)		Forteo (Teriparatide)	
Mobic (Meloxicam)		Fosamax (Alendronate)	
Voltaren (Diclofenac)		Prolia (Denosumab)	
		Reclast (Zoledronic Acid)	

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Gout Medications

Medication	Reason for Stopping
Allopurinol	
Colcrys (Colchicine)	
Uloric (Febuxostat)	

Prior Surgical History

Surgery	Date, Surgeon, Side, Kind

Current Physicians

Primary Care:		Pulmonologist:	
Prior Rheumatologist:		Cardiologist:	
Neurologist:		Other:	
Pain Management:			
Orthopedist:			
Podiatry:			

Family History

Father: _____
 Mother: _____
 Siblings: _____
 Other: _____

Social History

Have you been a smoker?
 Never Quit, Date: _____ Current, Packs a Day: _____

Do you drink alcohol?
 Never Quit (Average # of drinks _____) → Daily Weekly Monthly Yearly

Which type of alcohol do you typically consume?
 Beer Wine Liquor All Other: _____

Caffeine Use (Coffee, Tea, Soda): _____

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Do you use any of the following substances (Circle if Yes)?

Marijuana- Last Use: _____

Cocaine- Last Use: _____

Methamphetamines- Last Use: _____

Heroin- Last Use: _____

Others: _____ - Last Use: _____

Do you have a history of alcoholism?

Yes No

Do you have a history of drug abuse?

Yes No

Have you ever been hospitalized for alcoholism or drug abuse?

Yes No

Education Level

Grade School 7 8 9 10 11 12 College 1 2 3 4 Graduate Degree _____

Occupation _____

Testing

(Date and Location of the last test)

DXA (Bone Density)	
X-Rays	
MRIs	
Labs (Blood Work)	
EMG/NCS	

Vaccines

(Date and Location)

Influenza (Flu)	
Pneumonia (Prevnar 13)	
(Pneumovax 23)	
Zoster (Shingles)	
PPD/TB/QuantiFERON	