

Arthritis & Rheumatology Clinic PC

<u>PATIENT NAME:</u>	<u>REFERRING PHYSICIAN:</u>
AGE:	
REASON FOR VISIT:	PCP PHONE:
	PCP FAX:
	<u>Family History:</u>
<u>DATE AND DURATION OF SYMPTOMS:</u>	

<u>MEDICATIONS:</u>	<u>PAST SURGICAL HISTORY:</u>

<u>ALLERGIES:</u>	<u>Social History:</u>
	Married/Single:
	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How many....
	<i>Do you drink alcohol?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, how many....
	<i>Do you or have you used illegal drugs?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Medical Problems/Hospitalizations/Conditions:</u>	

Please ✓ as applies to you:

GENERAL	YES	NO	CARDIO-PULMONARY	YES	NO
Fatigue			Chest Pain-Pleuritic (pain with Breathing)		
Fever					
Weight Loss			Cough- Persistent		
Weight gain			Shortness of breath		
Night Sweats/ Shaking Chills			Valley Fever		
MUSCULOSKELETAL			Wheezing		
Joint pain/ Joint swelling			Tuberculosis		

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SKIN	YES	NO	GENITO-URINARY	YES	NO
Hair loss			Genital Ulcers		
Photosensitivity-rash or welts with sun exposure			Urethral Discharge		
			Urinary Stone		
Psoriasis			Pregnancy		
Easy Bruising			Menstrual Irregularity		
Rash-facial			Venereal Disease		
Rash-Other			Miscarriages		
Raynaud's Phenomenon-white and blue color changes of hands with cold exposure			NEURO-MUSCULAR-PSYCH		
			Muscle Weakness		
			Seizures		
Swollen Glands			Hx-Pinched Nerve		
HEENT			Psychosis/Depression		
Red Eyes			Anxiety/Sleep difficulty		
Dry Eyes			GASTRO-INTESTINAL		
Dry Mouth			Abdominal Pain		
High Blood pressure			Loss of appetite		
Head Pain (location)			Constipation		
Hearing Loss			Diarrhea		
Mouth Ulcers			Difficulty swallowing		
Nasal Sores			Bright red blood in stool, or		
Ringing in Ears			black tarry stool		
OTHER			Hepatitis B		
Diabetes			Hepatitis C		
Thyroid disease			Vomiting and/or nausea		