RHEUMATOLOGY AND HISTORY & PHYSICAL

Date: _____

Name: _____ Age: _____ Marital Status: S __ M __ W __ D __

Occupation: _____

Current Medications: _____

_____

Drug Allergies: _____

PAST PERSONAL HISTORY: Do you have or have you had: (Check if "yes")

____Cancer	___ Heart Problems	___ Asthma/Emphysema	___ Thyroid Disease
____ High Blood Pressure	___ Stroke	___ Cataracts	___ Diabetes
____Epilepsy	___ Nervous breakdown	___ Stomach ulcers	___ Rheumatic Fever
____Bad Headaches	___ Jaundice	___ Colitis	___ Kidney Disease
____Pneumonia	___ Psoriasis	___ Anemia	___ Gout
____Melanoma	___ Diverticulitis	___ Hepatitis	___ TB

Recent weight loss _____ Other significant illness _____

HOSPITALIZATIONS: Type of Illness or Operation/Surgeries Year

1) _____ _____

2) _____ _____

3) _____ _____

4) _____ _____

5) _____ _____

6) _____ _____

Any Previous Fractures? [ ] No [ ] Yes Describe: _____

Cigarettes/Day _____ Alcohol/ounces per week _____

FAMILY HISTORY: If Living If Deceased

_____Age_____ Health_____ Age at Death_____ Cause

Father _____

Mother _____

Serious Illnesses of Children/Siblings/Parents: _____

_____

HOME CONDITIONS: Check One: [ ] House [ ] Apartment

Do you have stairs to climb? [ ] Yes [ ] No. If yes, how many _____

Number of people in household _____ Relationship _____

Who does most of the housework? _____

THIS SIDE IS FOR THE PHYSICIAN, PLEASE DO NOT WRITE ON THIS SIDE

CHIEF COMPLAINT: _____

_____

_____

HPI:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

RECORDS REVIEW _____

_____

RHEUMATOLOGY SYMPTOM REVIW:

___ Rash/Tick Bite	___ Dry Eyes or Mouth	___ Urethral Discharge
___ Photosensitivity	___ Muscle Weakness	___ Psoriasis/IBD
___ Alopecia	___ Muscle Pain	___ Tendinitis
___ Raynaud	___ Tender Scalp	___ Bursitis
___ Ocular Inflammation	___ Jaw Claudication	___ Disturbed Sleep
___ Mucosal Ulcers	___ Double Vision	___ Stress/Anxiety
___ Dysphagia	___ LBP	___ Cortisone
___ Serositis	___ Keratodermia	___ AM Stiffness
___ Kidney Disease	___ Belanitis	___ X-Ray
___ CNS/Psychiatric	___ Heel Pain	___ Lab