CENTER FOR
Rheumatic Diseases
& Osteoporosis P.A.

Patient History Form

Date of first appointment: _____ / _____ / _____
mm dd yyyy

Time of appointment: ____________________ Birthplace: ______________________________

Name: ____ Birthdate: _____ / _____ / _____
LAST FIRST MIDDLE mm dd yyyy

Age: ________ Sex: ☐ F ☐ M Telephone: (H) ____________________ (C) ____________________ (W) ____________________

Address: ____
STREET CITY APT # STATE ZIP

Referred by: (check one) ☐ Self ☐ Family ☐ Friend ☐ Physician ☐ Other Health Professional ____________________

Name of Person Making Referral: ____

Name of Primary Care Physician: ____

WHAT BRINGS YOU TO THE DOCTOR:

____

____

____

Problem onset ____

Present symptoms ____

Severity (1-10) ________ Location ____

Pain quality ____

Aggravated by ____

Relieved by ____

DRUG ALLERGIES: ☐ No ☐ Yes If Yes, to what? ____

____

Type of reaction: ____

PRESENT MEDICATIONS (List any medications you are taking. Include such items as aspirin, vitamins, laxatives, calcium and other supplements)

Name of Drug	Dose	Number of pills and how often?	How long have you taken this medication?	Please check: Helped?		
				A Lot	Some	Not at all
1.				☐	☐	☐
2.				☐	☐	☐
3.				☐	☐	☐
4.				☐	☐	☐
5.				☐	☐	☐
6.				☐	☐	☐
7.				☐	☐	☐
8.				☐	☐	☐
9.				☐	☐	☐
10.				☐	☐	☐

PAST MEDICAL HISTORY

Do you now or ever had: (check if "yes")

- ☐ Cancer type________________
- ☐ Goiter
- ☐ Depression/Anxiety
- ☐ Nervous Breakdown
- ☐ High Blood Pressure
- ☐ Stroke
- ☐ Asthma
- ☐ Leukemia
- ☐ Rheumatic Fever
- ☐ Bleeding Tendency
- ☐ Alcoholism
- ☐ Epilepsy
- ☐ Heart attack
- ☐ Angina
- ☐ Heart Failure
- ☐ Diabetes
- ☐ Stomach Ulcers
- ☐ Liver Problems
- ☐ Kidney Problems
- ☐ Osteoarthritis
- ☐ Gout
- ☐ Childhood Arthritis
- ☐ Psoriatic Arthritis
- ☐ Osteoporosis
- ☐ Thyroid Problems
- ☐ Lung Problems__________ type
- ☐ Anemia
- ☐ Cholesterol
- ☐ HIV/AIDS
- ☐ Glaucoma
- ☐ Hepatitis
- ☐ Ankylosing Spondylitis
- ☐ Scleroderma
- ☐ Lupus or "SLE"
- ☐ Rheumatoid Arthritis
- ☐ Arthritis (unknown type)
- ☐ Colitis
- ☐ Psoriasis
- ☐ Tuberculosis
- ☐ Other significant illnesses (please list)

____

____

SURGERIES:

- ☐ Total knee replacement
- ☐ Total hip replacement
- ☐ Back Surgery
- ☐ Hysterectomy
- ☐ Prostate
- ☐ Other____________________

Family History: ☐ **LIVING** ☐ **DECEASED**

	Age	Health	Age at death	Cause
Father				
Mother				

Number of siblings__________ Number living__________ Number deceased__________ Sisters__________ Brothers__________

Number of children__________ Number living__________ Number deceased__________ List ages of each______________________________

Daughters__________ Sons__________ Adopted__________

At any time has blood relative had any of the following? (Give relationship)

	Relative Relationship		Relative Relationship
Arthritis (unknown type)		Cancer	
Osteoarthritis		Leukemia	
Gout		Stroke	
Childhood arthritis		Colitis	
Lupus or "SLE"		Heart Disease	
Rheumatoid Arthritis		High Blood Pressure	
Ankylosing Spondylitis		Bleeding Tendency	
Osteoporosis		Alcoholism	
Psoriatic Arthritis		Asthma	
Scleroderma		Epilepsy	
Rheumatic Fever		Diabetes	
		Goiter	
Other arthritis conditions:			

SOCIAL HISTORY

Primary language spoken:____

Occupation: ____ Number of hours worked/average per week__________________

Employer: ____ Retired_________________ Date__________________

Military Service: ☐ Yes ☐ No Current status:____

MARITAL STATUS: ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Do you smoke? ☐ Yes ☐ No ☐ Past - How long ago?____________ Packs a day________ Number of years__________

Do you drink alcohol? ☐ Yes ☐ No Number per week_____________________

Activity Level: Sedentary______ Moderate______ Vigorous______

Type of Exercise: ☐ Gym ☐ Golf ☐ Jogging ☐ Skiing ☐ Swimming ☐ Walking ☐ Yoga ☐ Other _________________________________

Exercise Frequency:____________ times/week__________

Recent Travel: Out of State ____ International____

DIAGNOSTIC TESTS

MRI Scan_____________________________ CT Scan________________________________

Date of last mammogram _____ /_____ /_____ Date of last eye exam _____ /_____ /_____ Date of last chest x-ray _____ /_____ /_____

Date of last Tuberculosis test _____ /_____ /_____ Date of last bone densitometry _____ /_____ /_____

Date of last Influenza vaccine_____ /_____ /_____ Date of last Pneumonia vaccinee_____ /_____ /_____

Date of last Varicella vaccine_____ /_____ /_____ Date of last Hep. B vaccine_____ /_____ /_____

PAST MEDICATIONS

Name of Drug *Non-Steroidal/Anti-Inflammatory Drugs (NSAIDs)*	Length of time	Please check: Helped? A Lot	Some	Not at all	Reactions
Arthrotec (diclofenac + misoprostil)		☐	☐	☐	
Aspirin (including coated aspirin)		☐	☐	☐	
Celebrex (celecoxib)		☐	☐	☐	
Indocin (indomethacin)		☐	☐	☐	
Lodine (etodolac)		☐	☐	☐	
Motrin/Rufen (ibuprofen)		☐	☐	☐	
Naprosyn (naproxen)		☐	☐	☐	
Voltaren (diclofenac)		☐	☐	☐	
Other:		☐	☐	☐	
Other:		☐	☐	☐	
Other:		☐	☐	☐	

Pain Relievers	Length of time	Please check: Helped? A Lot	Some	Not at all	Reactions
Acetaminophen (Tylenol)		☐	☐	☐	
Oxycodone, Percocet, Oxycontin		☐	☐	☐	
Propoxyphene (Darvon/Darvocet)		☐	☐	☐	
Other:		☐	☐	☐	

Disease Modifying Antirheumatic Drugs (DMARDS)	Length of time	Please check: Helped? A Lot	Some	Not at all	Reactions
Hydroxychloroquine (Plaquinil)		☐	☐	☐	
Methotrexate (Rheumatrex)		☐	☐	☐	
Azathioprine (Imuran)		☐	☐	☐	
Sulfasalazine (Azulfidine)		☐	☐	☐	

Disease Modifying Antirheumatic Drugs (Biologics)	Length of time	Please check: Helped? A Lot	Some	Not at all	Reactions
Infliximab (Remicade)		☐	☐	☐	
Adalimumab (Humira)		☐	☐	☐	
Rituximab (Rituxan)		☐	☐	☐	
Abatacept (Orencia)		☐	☐	☐	
Enbrel		☐	☐	☐	
Cimzia		☐	☐	☐	
Xeljanz		☐	☐	☐	
Simponi		☐	☐	☐	
Actemra		☐	☐	☐	
Other:		☐	☐	☐	

Osteoporosis Medications	Length of time	Please check: Helped? A Lot	Some	Not at all	Reactions
Estrogen (Premarin, etc.)		☐	☐	☐	
Alendronate (Fosamax)		☐	☐	☐	
Raloxifene (Evista)		☐	☐	☐	
Calcitronin injection or nasal (Miacalcin, Calcimar)		☐	☐	☐	
Residronate (Actonel)		☐	☐	☐	
Boniva		☐	☐	☐	
Reclast		☐	☐	☐	
Prolia		☐	☐	☐	
Forteo		☐	☐	☐	

RAPID3

ROUTINE ASSESSMENT OF PATIENT INDEX DATA

The RAPID3 includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3). RAPID3 scores are quickly tallied by adding subsets of the MD-HAQ as follows:

1. PLEASE CHECK THE **ONE** BEST ANSWER FOR YOUR ABILITIES AT THIS TIME:

OVER THE LAST WEEK, WERE YOU ABLE TO:	WITHOUT **ANY** DIFFICULTY	WITH **SOME** DIFFICULTY	WITH **MUCH** DIFFICULTY	**UNABLE** TO DO
a. Dress yourself, including tying shoelaces and doing buttons?	___ 0	___ 1	___ 2	___ 3
b. Get in and out of bed?	___ 0	___ 1	___ 2	___ 3
c. Lift a full cup or glass to your mouth?	___ 0	___ 1	___ 2	___ 3
d. Walk outdoors on flat ground?	___ 0	___ 1	___ 2	___ 3
e. Wash and dry your entire body?	___ 0	___ 1	___ 2	___ 3
f. Bend down to pick up clothing from the floor?	___ 0	___ 1	___ 2	___ 3
g. Turn regular faucets on and off?	___ 0	___ 1	___ 2	___ 3
h. Get in and out of a car, bus, train, or airplane?	___ 0	___ 1	___ 2	___ 3
i. Walk two miles or three kilometers, if you wish?	___ 0	___ 1	___ 2	___ 3
j. Participate in recreational activities and sports as you would like, if you wish?	___ 0	___ 1	___ 2	___ 3
k. Get a good night's sleep?	___ 0	___ 1.1	___ 2.2	___ 3.3
l. Deal with feelings of anxiety or being nervous?	___ 0	___ 1.1	___ 2.2	___ 3.3
m. Deal with feelings of depression or feeling blue?	___ 0	___ 1.1	___ 2.2	___ 3.3

1. a-j FN (0-10):

1=0.3	16=5.3
2=0.7	17=5.7
3=1.0	18=6.0
4=1.3	19=6.3
5=1.7	20=6.7
6=2.0	21=7.0
7=2.3	22=7.3
8=2.7	23=7.7
9=3.0	24=8.0
10=3.3	25=8.3
11=3.7	26=8.7
12=4.0	27=9.0
13=4.3	28=9.3
14=4.7	29=9.7
15=5.0	30=10

2. PN (0-10):

3. PTGE (0-10):

RAPID3 (0-30)

2. HOW MUCH PAIN HAVE YOU HAD BECAUSE OF YOUR CONDITION **OVER THE PAST WEEK**? PLEASE INDICATE BELOW HOW SEVERE YOUR PAIN HAS BEEN:

NO PAIN — PAIN AS BAD AS IT COULD BE

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

3. CONSIDERING ALL THE WAYS IN WHICH ILLNESS AND HEALTH CONDITIONS MAY AFFECT YOU AT THIS TIME, PLEASE INDICATE BELOW HOW YOU ARE DOING:

VERY WELL — VERY POORLY

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

CONVERSION TABLE

Near Remission (NR): 1=0.3; 2=0.7; 3=1.0
Low Severity (LS): 4=1.3; 5=1.7; 6=2.0
Moderate Severity (MS): 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0
High Severity (HS): 13=4.3; 14=4.7; 15=5.0; 16=5.3; 17=5.7; 18=6.0; 19=6.3; 20=6.7; 21=7.0; 22=7.3; 23=7.7; 24=8.0; 25=8.3; 26=8.7; 27=9.0; 28=9.3; 29=9.7; 30=10.0

HOW TO CALCULATE RAPID 3 SCORES

1. Ask the patient to complete questions 1, 2, and 3 while in the waiting room prior to his/her visit.

2. For question 1, add up the scores in questions A-J only (questions K-M have been found to be informative, but are not scored formally). Use the formula in the box on the right to calculate the formal score (0-10). For example, a patient whose answers total 19 would score a 6.3. Enter this score as an evaluation of the patient's functional status (FN).

3. For question 2, enter the raw score (0-10) in the box on the right as an evaluation of the patient's pain tolerance (PN).

4. For question 3, enter the raw score (0-10) in the box on the right as an evaluation of the patient's global estimate (PTGE).

5. Add the total score (0-30) from questions 1, 2, and 3 and enter them as the patient's RAPID 3 cumulative score. Use the final conversion table to simplify the patient's weighed RAPID 3 score. For example, a patient who scores 11 on the cumulative RAPID 3 scale would score a weighed 3.7. A patient who scores between 0–1.0 is defined as near remission (NR); 1.3–2.0 as low severity (LS); 2.3–4.0 as moderate severity (MS); and 4.3–10.0 as high severity (HS).