Center for Rheumatic Diseases & Osteoporosis

PATIENT HISTORY FORM

Date of first appointment:	Month	Day	Year	Time of appointment:		Birthplace:	

Patient Name:	LAST	FIRST	M.I	Birthdate:	Month	Day	Year

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

Address: _____
Street City Apt# State Zip Code

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	

DRUG ALLERGIES: ☐No ☐Yes If Yes, to what?	
Type of reaction:	

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

NAME OF DRUG	Dose	No. 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: **Please mark "X" if Yes**

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

SURGERIES: Place an "X" if YES

☐	Total knee replacement
☐	Total hip replacement
☐	Back Surgery
☐	Hysterectomy
☐	Prostate
☐	Other:

FAMILY HISTORY:

☐ LIVING ☐ DECEASED

	Age	Health	Age at death	Cause
Father				
Mother				

At any time, has a 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	
Other Arthritis Conditions:		Goiter	

SOCIAL HISTORY:

Primary language spoken: _____

Occupation: _____ No. of hours worked/average per week _____

Employer: _____ Retired, _____ Date _____

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

Do you smoke? ☐No ☐Yes ☐ Past – How long ago? _____ Packs a day_____ Number of Years _____

Do you drink alcohol? ☐No ☐Yes 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:_____

PAST MEDICATIONS:

NAME OF DRUG *NonSteroidal/Anti-Inflammatory Drugs (NSAIDS)*	Length of time	Please mark "X" : Helped?			Reactions
		A Lot	Some	Not at all	
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 mark "X" : Helped?**			**Reactions**
		A Lot	**Some**	**Not at all**	
Acetaminophen (Tylenol)					
Oxycodone, Percocet, Oxycontin					
Propoxyphene (Darvon/Darvocet)					
Other:					
DISEASE MODIFYING ANTIRHEUMATIC DRUGS *(DMARDS)*	**Length of time**	**Please mark "X" : Helped?**			**Reactions**
		A Lot	**Some**	**Not at all**	
Hydroxychloroquine (Plaquinil)					
Methotrexate (Rheumatrex)					
Azathioprine (Imuran)					
Sulfasalazine (Azulfidine)					
DISEASE MODIFYING ANTIRHEUMATIC DRUGS *(BIOLOGICS)*	**Length of time**	**Please mark "X" : Helped?**			**Reactions**
		A Lot	**Some**	**Not at all**	
Infliximab (Remicade)					
Adalimumab (Humira)					
Rituximab (Rituxan)					
Abatacept (Orencia)					
Enbrel					
Cimzia					
Xeljanz					
Simponi					
Actemra					
Other:					
DISEASE MODIFYING ANTIRHEUMATIC DRUGS *(BIOLOGICS)*	**Length of time**	**Please mark "X" : Helped?**			**Reactions**
		A Lot	**Some**	**Not at all**	
Estrogen (Premarin, etc.)					
Alendronate (Fosamax)					
Raloxifene (Evista)					
Calcitronin injection or nasal (Miacalcin, Calcimar)					
Residronate (Actonel)					
Boniva					
Reclast					
Prolia					
Forteo					
Estrogen (Premarin, etc.)					