

Patient History Form

Date _____

NAME _____ DOB _____ PHONE _____

Primary Physician _____ Referring Physician _____

Reason for Referral _____

Current Symptoms _____

Date of Onset _____ Previous Rheumatologist _____

Previous Rheumatology Diagnosis _____

Previous treatment for the symptoms _____

Past Medical History Family or Yourself (please check [✓] below):

	Self	Family		Self	Family
Osteoarthritis			Ankylosing spondylitis		
Osteoporosis			Rheumatoid arthritis		
Fibromyalgia			Lupus		
Gout			Other Autoimmune		
Cancer			Thyroid		
Headaches			Kidney Disease		
Anemia			Heart problems		
Diabetes			Gastric Ulcer		
Lung Disease			Colitis		
Psoriasis			HTN		
Hepatitis			Tuberculosis		

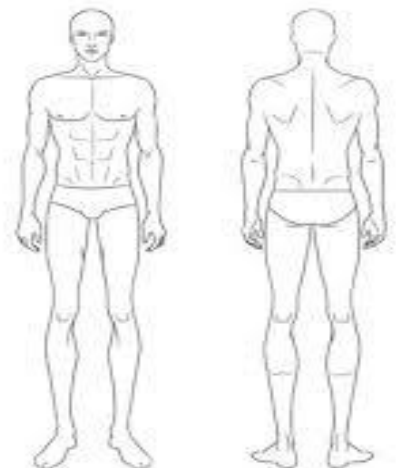
Past Surgical History

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Social History

Smoking _____ Alcohol _____ Other substances _____

Shade all areas with pain



Systems Review
(please check):

Constitutional

- Recent weight gain
- Recent weight loss
- Fatigue
- Weakness
- Fever
- Night sweats

Eyes

- Dryness
- Redness
- Loss of vision
- Blurry vision

Ear-Nose-Mouth-Throat

- Dryness of mouth
- Mouth sores
- Loss of taste
- Hoarseness of Voice
- Difficulty swallowing
- Dry nose
- Nose sores
- Loss of smell
- Nosebleeds
- Loss of hearing
- Ringing in ears

Cardiovascular

- Chest pain
- Irregular heartbeat
- High blood pressure
- Heart murmur

Respiratory

- Shortness of breath
- Difficulty breathing at night
- Swelling of leg or feet
- Cough
- Coughing of blood
- Asthma/COPD

Gastrointestinal

- Nausea/vomiting
- Vomiting of blood
- Stomach pain
- Constipation
- Diarrhea
- Blood in stools
- Heartburn/GERD

Genitourinary

- Painful urination
- Blood in urine
- Genital ulcers
- Vaginal dryness

For females only

- Number of pregnancies
- Number of miscarriages
- Children- how many?

Musculoskeletal

- Morning stiffness
Lasting how long ?
Minutes_____Hours_____
- Muscle weakness
- Joint pain
- Joint swelling
- Where?_____

Skin

- Rash/hives
- Sun sensitivity
- Tightness of skin
- Easy bruising
- Nodules
- Hair loss
- Color changes of hand or feet in the cold

Neurological

- Headaches
- Dizziness
- Fainting
- Numbness and tingling
- Memory problems

Psychiatric

- Excessive worries
- Anxiety
- Depression
- Sleep problems

Endocrine

- Excessive thirst
- Thyroid problems

Hematologic/Lymphatic

- Swollen/tender glands
- Anemia
- Bleeding problems