Allergy Sinus & Arthritis Clinic. PLLC

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Rheumatology New Patient Information:

Patient name: ______________________________ Date of birth: ______________________

Pharmacy Name:_______________ Location:________________ Phone:________________

Physician Requesting Consultation: ____________________ **PCP or Nurse Practitioner:** __________________

Previous Rheumatologist's Name: ________________________ Where: ____________________

Reason for Visit: ____

Present History: Do you have any Joint pain? No Yes Which Joints:____________________________

Do you have any joint swelling? No Yes Which joints:____________________________________

Do you have more joint pain or swelling? _______________Mainly your joint symptoms are with: activity rest both

Duration of joint symptoms: _______________Morning stiffness? If yes, How long____________ & Where____________

Associated symptoms (Review of symptoms): (Circle if you have problems with any of the following)

Hair loss	DVT	Muscle pain	Interstitial Cystitis	Weight
Dry eyes	Pulmonary embolism	Non-restful sleep	Irritable bowel syn	Itching
Dry mouth	Miscarriage	Snoring	TMJ disorder	Psoriasis
Painless mouth sores	Kidney disease	Muscle spasms	Memory Issue	FHx Psoriasis
Painless nose sores	Pericardial effusion	Tingling	Concentration Issue	Gout
Face rash	Cytopenia (low wbc)	Numbness	Brain fog	Kidney stone
Photosensitivity	Fatigue)	Migraine headache	Fever, daily	Diarrhea, daily
Raynaud's	Whole body aches,Pain	Anxiety	Night sweats, daily	

Do your fingers change color when they exposed to cold temperatures? Yes No, if yes which color______________

Current Rheumatic Medications Use: (please circle)

Methotrexate	Etanercept(Enbrel)	Tocilizumab(Actemra)	Secukinumab(Cosentyx)	Adalimumab-atto (Amjevita)
Hydroxychloroquine(Plaquenil)	Adalimumab(Humira)	Tofacitinib(Xeljanz)	ixekizumab (Taltz)	
Sulfasalazine(Azulfidine)	Certolizumab(Cimzia)	Rituximab(Rituxan)	Anakinra (Kineret)	
Leflunomide (Arava)	Golimumab(Simponi)	Apremilast(Otezla)	Infliximab bio (Inflectra)	
Infliximab(Remicad)	Abatacept(Orentia)	Ustekinumab(Stelara)	Etanercept-szzs (Erelzi)	

Why it was stopped or switched: _______________ **Dose**___________ **Helpful or Not** _______________

Why Recent Prednisone use (last 6 months): Yes/No , If Yes: why______, when_______ & how much_____

Are you taking any Folic acid: ____No ____Yes

Mo **Monitoring Labwork:** ____No ____Yes: How Often:________________ Last lab date:__________________

When was your Hydroxychloroquine (Plaquenil) last eye exam? ____________ Normal Abnormal

Pain Medications History: (Circle all that apply)

Celebrex	Vicodin/Lortab	Ketoprofen Gel	Oxaprozin(Daypro)	Orphenadrine
Naproxen(Aleve)	Percocet/Oxycodone	Etodolac(Lodin)	Vimovo	Baclofen
Ibuprofen (Advil)	Voltaren Gel	Indomethacin	Salsalate	
Tylenol	Mobic/meloxicam	Nabumetone(Relafen)	Lidoderm patch 5%	
Tramadol	Arthrotec/Diclofenac	Piroxicam(Daypro)	Lidoderm ointment 5%	

Why it was stopped or switched: ______________________________ Was it: Helpful Not Helpful______________

Current Fibromyalgia Medications:

Amitriptyline (Elavil)	Gabapentin (Neurontin)	Savella (Milnacpran)	Zanaflxe (Tizanidine)	Metaxolone (Skelaxin)
Cymbalta (Duloxetine)	Lyrica (Pregabalin)	Flexeril (Cyclobenzaprine)	Carisoprodol (Soma)	Methocarbamol (Rpbaxin)

Why it was stopped or switched: ______________________________ Was it: Helpful Not Helpful______________

Personal Medical History: (circle all that apply)

Acid reflux (GERD)	Gastric Bypass surgery	Lupus	Avascular necrosis	Dermatomyositis
Stomach ulcer	Diabetes	Osteoarthritis	Spine/vertebral fracture	Polymyositis
COPD	High Cholesterol	Osteoporosis	Hip fracture	Polymyalgia rheumatic
Asthma	Psoriasis	Rheumatoid arthritis	Peripheral neuropathy	Tendonitis,where______
Chronic sinusitis	Gout, Pseudogout	Psoriatic arthritis	Sjogren's syndrome	Plantar fasciitis
Pneumonia	Antiphospholipid syn	Bursitis,where_____	Scleroderma	Vasculitis

Personal Surgical Procedure: (Circle if you have or have had any of following procedures): Neck surgery back surgery carpal tunnel syndrome (right/left/both) Knee surgery Shoulder surgery

Any joint replacement? If yes: which joint________________ Any joint surgery? If yes: which joint____________________

Back injections? If yes, when___________ **Any joint injections?** If yes, which joint____________________ & when_________

Sleep Study: No Yes: Normal or Abnormal When: ______________Using a CPAP machine: Yes No

How often in a week do you exercise: __________________walking swimming aerobic yoga Other:________________

Smoking history: Never Current Smoker Former smoker (quit date: _________; how long did you smoke: _______)

Immunization History: Last Flu shot: ______ Pneumovax: _________Prevnar: _____ Tetanus: _______ Shingles_________

Are you taking Vitamin D: No Yes: Dose_______________**Are you taking Calcium:** No Yes: Dose_______________

Have you ever had a Dexa scan (osteoporosis scan): Never had one Yes: last one date: ___________________

Are you taking any of the following osteoporosis medications? No Yes- circle which one below

Fosamax Boniva Reclast Prolia Forteo Other: ______________________

Any history of Cancer: _____No ____Yes: Which ____

Are your age related cancer screenings up-to-date?

Colonoscopy (Date: __________)Mammogram (Date: _________)Pap smear (Date: ________) normal or abnormal)

Are you taking any Contraception: No Yes: Name: ______________________________________ Dose: ______

Rheumatologic Family History: (i.e. hip fracture, hand osteoarthirits, rheumatoid arthiritis, Lupus)

Mother: ____________________Father: ____________________ Siblings: _______________________