

**NorthEast Rheumatology**

**Medical History**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last First MI Age: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F

Your Primary Care Provider: \_\_\_\_\_ Who referred you: \_\_\_\_\_

Where do you work \_\_\_\_\_ Occupation \_\_\_\_\_

Briefly describe your symptoms: \_\_\_\_\_

When did your symptoms begin? \_\_\_\_\_

What do you think caused it? \_\_\_\_\_

**Marital and Family History**

(Circle One) Never Married / Married / Divorced / Separated / Widowed

How many children do you have? \_\_\_\_\_ Ages: \_\_\_\_\_

**Social** check any that applies

Smoking History \_\_\_\_\_ Never \_\_\_\_\_ Quit (when \_\_\_\_\_)

\_\_\_\_\_ Currently (how much \_\_\_\_\_)

- \_\_\_\_\_ Caffeine
- \_\_\_\_\_ Drink Alcohol (how much? \_\_\_\_\_)
- \_\_\_\_\_ Recreational or Street Drugs
- \_\_\_\_\_ Under Stress/Anxiety
- \_\_\_\_\_ Depression
- \_\_\_\_\_ I do not get a restful night sleep

**Past Surgical History** Please list surgeries you have had and date:

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Past Medical History** Please list medical conditions that you have had:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Allergies: \_\_\_\_\_

**Family History** Do you have any blood relatives who has or had (check):

Degenerative Arthritis     Lupus     Depression     Fibromyalgia  
 Rheumatoid Arthritis     Gout     Osteoporosis     Ank Spondylitis

**Current Medications (Use the back of page if necessary)**

Name of Drug	Dose (strength and how often)	How long have you been on this?

**Past Medications** Have you been on any of these medications before? Did it help?

Medication	Helped	Didn't Help	Medication	Helped	Didn't Help
Tylenol / Tylenol Arthritis			Allopurinol / Zyloprim		
Darvocet / Wygesic / propoxyphene			Lortab / Lorcet / Vicodin / hydrocodone		
Celebrex			Methotrexate		
Fosamax/ Actonel			Imuran / azathiopine		
Indocin			Cytoxan		
Motrin / Advil / ibuprofen			Gold (shots or pills)		
Naprosyn / Aleve / Naprelan			Azulfadine / sulfasalazine		
Relafen			Arava / leflunomide		
Lodine			Plaquenil		
Daypro			Enbrel / Humira / Simponi / Cimzia		
Mobic			Remicade / Oencia / Rituxan		
Voltaren / Cataflam / diclofenac			Glucosamine / chondroitin		
Ultram / Ultracet / tramadol			Prednisone / cortisone / Medrol		
Cochicine			Duragesic / fentanyl patch		
Percocet / Tylox / oxycodone			Methodone		
Oxycontin / OxyIR			MS Contin / Avinza/ Kadian		
Boniva/ Reclast			Cellcept		

(rev December 08, 2010)