CHS Rheumatology Division Patient History

Date _____/_____/_____

Name_____ Date of Birth: _____/_____/_____
Last First M.I

Age _____ Sex M / F Race _____

Briefly describe your symptoms _____

_____

_____

When did your symptoms begin? _____

What do you think caused it? _____

What prescriptions have you tried for this? _____

_____

_____

SOCIAL HISTORY

Occupation _____ Where do you work? _____

Highest level of Education _____

Marital Status (circle one) Never Married Married Divorced Separated Widow(er) Number of children____

Do you use any Tobacco product? No Yes_____ Do you drink Alcohol? No Yes_____

On Disability? No Yes Year _____ Applied for Disability? No Yes

What Sports do you play?_____ Hobbies you enjoy _____

Regular Physical Exercise? How Often? _____

PAST MEDICAL HISTORY (Check if "yes")

____ High Blood Pressure
____ Heart Disease
____ High Cholesterol
____ Diabetes Mellitus
____ Thyroid Disease
____ Cancer
____ Anemia
____ Blood Transfusion
____ Blood Clots
____ Sinusitis
____ Asthma
____ Rheumatoid Arthritis
____ Lupus

____ Emphysema/COPD
____ Pneumonia
____ Acid Reflux/GERD
____ Stomach Ulcer
____ Irritable Bowel Syndrome
____ Crohn's/Ulcerative Colitis
____ Hepatitis/Liver Disease
____ Migraine Headache
____ Epilepsy/Seizure Disorder
____ Stroke/TIA
____ Nerve Disease/Neuropathy
____ Gout
____ Osteoarthritis

____ Psoriasis
____ Iritis/Scleritis
____ Dry Eyes
____ Raynaud's Phenomenon
____ Muscle Disease
____ Broken Bone(s)
____ Kidney Disease
____ Kidney Stone
____ Psychiatric Illness
____ Sexually Transmitted Disease
____ Drug or Alcohol abuse
____ Fibromyalgia
____ Osteoporosis

____ Other_____

PRIOR HOSPITALIZATIONS / OPERATIONS ☐ **No Surgery / Hospitalization**

Surgery and Date	Surgery and Date
1.	4.
2.	5.
3.	6.
7.	8.

CURRENT MEDICATIONS ☐ **No Current Meds**

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

DRUG ALLERGIES ☐ **No Drug Allergies**

FAMILY HISTORY

Do you know any blood relative that has or had any of the following? (Check if "yes")

	Relative Name/Relationship		Relative Name/Relationship
Arthritis (unknown type)		Lupus or "SLE"	
Osteoarthritis		Rheumatoid Arthritis	
Gout		Ankylosing Spondylitis	
Childhood Arthritis		Osteoporosis	
Psoriasis/Psoriatic Arthritis		Sjogren's Syndrome	

NOTES / ADDITIONAL HISTORY

_____

_____

_____