 **NOVA Arthritis and Rheumatology Specialists**

**CLINICAL INFORMATION FROM PATIENTS**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MEDICATION ALLERGIES**

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT MEDICATIONS: PLEASE INCLUDE OVER-THE-COUNTER NON-PRESCRIPTION MEDICATIONS, VITAMINS, AND HERBAL DIETARY SUPPLEMENTS\*\***

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| Medication | Dosage | Frequency | Reason for Taking |
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**MEDICAL HISTORY**

**REASON(S) FOR TODAY’S VISIT**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DO YOU HAVE A HISTORY OF HEPATITIS, TB OR HIV?**  🞐 **YES**  🞐 **NO**Are you nursing? 🞐 **YES 🞐 NO**Are you pregnant? 🞐 **YES 🞐NO** If yes, due date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you trying to get pregnant? 🞐 **YES 🞐 NO**  |

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| --- | --- |
| □ ***Rheumatologic Disease:*** ○ Osteoarthritis ○ Rheumatoid Arthritis ○ Gout ○ Lupus  ○ Scleroderma ○ Myositis ○ Psoriatic Arthritis ○ Ankylosing Spondylitis ○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ ***Dermatological Disease:*** ○ Herpes/Cold Sores ○ Psoriasis ○ Eczema ○ Skin cancer***□ Immunological Disease:*** ○ Immune deficiency ○ HIV/AIDS□ ***Hematology/Oncology:*** ○ Cancer; type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_ ○ Bleeding problems ○ Receiving chemotherapy?□ ***Psychological/Emotional Disease:***○ Depression ○ Anxiety□ ***Gastrointestinal Disease:*** ***○*** Crohn’s Disease, Ulcerative Colitis ***○*** Esophageal Reflux ○ Peptic Ulcer  ○ Esophagitis□ ***Orthopedic Disease:*** ○ artificial joint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(area) ○ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ ***Kidney Disease:*** ○ Poorly functioning kidneys ○ Dialysis: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ ***Cardiovascular Disease:***○ High Blood Pressure ○ Heart problems;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ Heart Attack; Date:\_\_\_\_\_\_\_\_\_\_\_\_ ○ Pacemaker ○ Defibrillator ○ prosthetic heart valve  ○ Irregular heartbeat ○ High Cholesterol□ ***Endocrine Disease:***○ Diabetes ○ Hyperthyroid ○ Hypothyroid□ ***Neurological Disease:*** ○ Stroke/Aneurysm ○ Seizure/Epilepsy ○ Multiple Sclerosis (MS) ○ Alzheimer’s ○ Fainting***□ Liver Disease:*** ○ Hepatitis: type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ Jaundice□ ***Lung Disease:***○ Asthma ○ COPD ○ Interstitial Lung Disease (Fibrosis)***□ For Female Patients:***○ Are you pregnant/Planning Pregnancy ○ Polycystic Ovary Disease□ ***Other/Not Listed:***○ Transplant? Y N. What Type? \_\_\_\_\_\_\_\_\_ ○ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_○ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_○ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| story (Please add any others not listed)…….  |
| ***Conditions/Problems*** | **Family Medical History: Which Relatives??** |
| □Rheumatoid Arthritis |  |
| □Lupus |  |
| □Gout |  |
| □Psoriasis |  |
| □Other Auto-Immune Disorder |  |
| ia History/ Habits………………. Tanning/Sun Exposure |
| □ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Retired□ Smoker:\_\_\_Packs/day □ Non-smoker □ Quit smoking in \_\_\_\_\_□ Smokeless Tobacco: □ Y □ N□ Alcohol use: □ Yes (drinks/week:\_\_\_\_\_\_\_\_\_\_\_) □ No□ Recreational Drug use: □ No □ Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sunscreen use: □ Regularly □ Rarely □ Never □ SPF \_\_\_\_\_\_□ I have traveled outside the United States in the past three months  | Additional Comments: |

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Patient’s Signature Date