 **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