Texas Rheumatology

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New Patient Questionnaire

Patient Name: _____ Date: _____

What is the reason for your visit today? _____

Who is your Primary Care Physician? _____ Phone: _____

Medical/Past Medical History: Please check all that apply below

Osteoarthritis		Rheumatoid Arthritis		Lupus		Gout	
Fibromyalgia		Ankylosing Spondylitis		Psoriasis		Psoriatic Arthritis	
Sjogren's		Crohn's		Osteoporosis		Sleep Apnea	
Glaucoma		Migraine Headaches		Tuberculosis		Anemia	
HIV/STDs		Celiac Disease		GERD		Stomach Ulcers	
High Blood Pressure		Asthma		Depression		Anxiety	
Heart Attack		Heart Disease/CHF		Diabetes, Type:		Cancer, Type:	
Blood Clots		Diverticulitis		Hepatitis, Type:		High Cholesterol	
Emphysema/COPD		Neuropathy		Stroke		Epilepsy/Seizures	
Pneumonia		Liver Disease		Thyroid Disease		Kidney Disease/Stones	
Any other pertinent past medical history you wish to include:							

Past Surgical History: Please indicate year for all those that apply below

	Year		Year		Year		Year
Knee Replacement: R L Both		Neck Surgery		Tubal Ligation		Gall Bladder	
Hip Replacement: R L Both		Back Surgery		Hysterectomy		Weight Loss	
Shoulder Surgery		Feet Surgery		Colon Surgery		Vascular Surgery	
Arthroscopic Surgery:		Hand Surgery		Carpal Tunnel		Cardiac Surgery	
Other past surgical history:							

Present Medications: List all medications and doses, including over the counter medications

_____

_____

_____

Medication Allergies: List any medication allergies and associated reactions you have

_____

Social History: Do you drink alcohol? _____ If yes, estimate the number of drinks per week: _____ Have you ever smoked? _____ Current? _____ How many packs per day? _____ How many years? _____ Have you ever used illegal drugs? _____ If yes, what kind? _____ Do you exercise regularly? _____ How often and how long? _____ Occupation: _____

Family History: Please state blood relatives that have any of the following

Osteoarthritis:	Rheumatoid Arthritis:
Gout:	Fibromyalgia:
Lupus:	Ankylosing Spondylitis:
Osteoporosis:	Crohn's/ Ulcerative Colitis:
Sjogren's:	Psoriasis/Psoriatic Arthritis: