



Los Alamos Medical Care Clinic, Ltd.
Allergy/Immunology, Dermatology, Internal Medicine, & Family Practice

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RHEUMATOLOGY NEW PATIENT QUESTIONNAIRE

Patient Name: _____ DOB: _____ Age: _____

Primary Care Physician: _____ Today's Date: _____

HISTORY OF PRESENT ILLNESS

Date symptoms began: _____

Describe present symptoms: _____

Have you seen other physicians for this problem? YES NO

If yes, Whom have you seen:

Physician Name	Specialty	Phone Number

Have you had studies and/or labs performed to evaluate for this problem? YES NO

If yes, what studies have you had done?

Circle Which Applies	Type of Study	Date Performed
YES NO	MRI/MRA - Body Part	
YES NO	CT Scans	
YES NO	Echo Cardiogram	
YES NO	Bronchoscopy	
YES NO	EMG/NCS (muscle/nerve conduction study)	
YES NO	Lip Biopsy	
YES NO	Muscle Biopsy	
YES NO	Nerve Biopsy	
YES NO	Kidney Biopsy	
YES NO	Liver Biopsy	
YES NO	Skin Biopsy	
YES NO	Bone Marrow Biopsy	

Continued from front page:

Have You or a blood relative had any of the following? Please Circle

Diabetes Mellitus	You	Family Member	Psoriasis	You	Family Member
Gout	You	Family Member	Rheumatoid Arthritis	You	Family Member
Heart Disease	You	Family Member	Sarcoidosis	You	Family Member
High Blood Pressure	You	Family Member	Thyroid Disease/Goiter	You	Family Member
Lupus	You	Family Member	TIA/Stroke	You	Family Member
Migraines	You	Family Member	Tuberculosis	You	Family Member
Osteoarthritis	You	Family Member	Ulcerative Colitis/Crohn's Disease	You	Family Member
Polymyalgia Rheumatica	You	Family Member	Uveitis or Iritis	You	Family Member

Other family history: (Describe relationship to blood relative and disease):

Vaccination History: Please circle Yes or No

Hepatitis	Yes	No
Pneumococcal	Yes	No
Shingles	Yes	No
BCG	Yes	No
FLU	Yes	No

Other Vaccinations:

Date of last Chest Xray: _____

Date of last Tuberculosis test: _____ Date of Hepatitis test? _____

Date of last Eye Exam: _____ Who is your Eye Doctor? _____

Other Specialists you see: _____

PAST MEDICAL HISTORY

Please list your medical problems:

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Serious injuries:

What Type	When	Outcome

Any history of broken bones:

Fracture Site	Age Occurred

Surgical History:

Surgical Procedure	Date Performed	Surgeon

LIST ANY FURTHER MEDICAL HISTORY OR SURGERIES ON BACK OF PAPER NOTED BY AN ARROW

WOMAN ONLY

Are you still having regular menstrual periods? YES NO

Age of menopause onset? _____

History of miscarriages? YES NO

Hysterectomy? YES NO

Current hormone replacement? YES NO

Procedures	Date(s) of Last Testing	Physician
Pap Smear		
Mammogram		
Bone Mineral Density		

SOCIAL HISTORY

Occupation: _____ Martial Status: S M D W Age of Children: _____

Ethnicity: African-American Asian Caucasian Hispanic Native American/Alaskan Native Other

Smoking History: YES NO Age Started: _____ Packs/day: _____ Quit? How Long? _____

Alcohol use: YES NO How much alcohol do you consume per day? _____ Any history of intravenous (injection) drug use? YES NO Type of exercise: _____

International Travel Past 3 years: YES NO Country _____

Do You Exercise? YES NO Frequency/week: _____

Sleep Habits: Hours of sleep at night: _____

Insomnia? YES NO If yes, describe: _____ Do you wake up feeling rested? YES NO

Have you had a sleep study? YES NO Result _____

Do You Require use of any of the following: Cane Walker Wheelchair Scooter

MEDICATIONS

Medication Allergies:

Medication	Reaction (i.e nausea, vomit, rash, headache, etc.)

Present: List any medications you are taking at this time. Include over the counter, vitamins, supplements

Name of Drug	Dosage (include strength and times per day)

***YOU MAY CONTINUE ON THE BACK OF THIS SHEET OR ADD YOUR OWN LIST OF MEDS THAT YOU MAY HAVE BROUGHT WITH YOU**

Please indicate with an arrow if you are continuing medications or allergies on the back of this sheet

Past: Please review this list of "arthritis" medications. As accurately as possible, try to remember which medications you have taken, the results of taking the medication, and list any reactions you may have had.

Drug - NSAIDS	Results of Medication			Reactions
	Helped A Lot	Some	None	
Ansaid (Fubipohen)	Helped A Lot	Some	None	
Arthrotec	Helped A Lot	Some	None	
Aspirin	Helped A Lot	Some	None	
Celebrex	Helped A Lot	Some	None	
Indocin (Indometancin)	Helped A Lot	Some	None	
Lodine (Etodolac)	Helped A Lot	Some	None	
Mobic	Helped A Lot	Some	None	
Motrin (Ibuprofen)	Helped A Lot	Some	None	
Naproxen (Naprosyn/alleve)	Helped A Lot	Some	None	
Oruvail (Ketoprofen)	Helped A Lot	Some	None	
Oxaprozin (Daypro)	Helped A Lot	Some	None	
Prioxicam (Feldene)	Helped A Lot	Some	None	
Relafen (Nambumetone)	Helped A Lot	Some	None	
Sulindac (Clinoril)	Helped A Lot	Some	None	
Tolmentin (Tolectin)	Helped A Lot	Some	None	
Voltaren (Diclofenac)	Helped A Lot	Some	None	

Drug - Muscle Relaxers	Results of Medication			Reactions
Cyclobenzaprine (Flexeril)	Helped A Lot	Some	None	
Robaxin	Helped A Lot	Some	None	
Skelaxin	Helped A Lot	Some	None	
Zanaflex	Helped A Lot	Some	None	
Other:	Helped A Lot	Some	None	

Drug - Other Pain Relievers	Results of Medication			Reactions
Ultram	Helped A Lot	Some	None	
Ultracet	Helped A Lot	Some	None	
Tylenol	Helped A Lot	Some	None	
Other:	Helped A Lot	Some	None	

Drug - Rheumatoid Arthritis	Results of Medication			Reaction
Arava	Helped A Lot	Some	None	
Methotrexate	Helped A Lot	Some	None	
Sulfasalazine (Azulfidine)	Helped A Lot	Some	None	
Enbrel	Helped A Lot	Some	None	
Humira	Helped A Lot	Some	None	
Remicade	Helped A Lot	Some	None	
Simponi	Helped A Lot	Some	None	
Cimzia	Helped A Lot	Some	None	
Orencia	Helped A Lot	Some	None	
Rituxan	Helped A Lot	Some	None	
Gold	Helped A Lot	Some	None	

Drug - Other	Results of Medication			Reactions
Cytosan (Cyclophosphamide)	Helped A Lot	Some	None	
Imuran (Azathioprine)	Helped A Lot	Some	None	
Plaquenil	Helped A Lot	Some	None	
Prednisone / Medrol	Helped A Lot	Some	None	

Drug	Results of Medication			Reactions
Neurontin	Helped A Lot	Some	None	
Lyrica	Helped A Lot	Some	None	
Cymbalta	Helped A Lot	Some	None	
Savella	Helped A Lot	Some	None	

Drug - Osteoporosis	Results of Medication			Reactions
Fosamax	Helped A Lot	Some	None	
Actonel	Helped A Lot	Some	None	
Boniva	Helped A Lot	Some	None	
Reclast	Helped A Lot	Some	None	
Forteo	Helped A Lot	Some	None	
Evista	Helped A Lot	Some	None	