RHEUMATOLOGY & DERMATOLOGY ASSOCIATES, PC

Name:_____Date of Birth:_____

Occupation:_____ Did anyone come with you today? _____

Briefly describe why you are here today. _____

_____

_____

When did symptoms begin? _____Primary Physician:_____

What (if any) have you used to treat this before? _____

Cigarettes or tobacco? Yes / No If Yes, how much?_____ Would you like help quitting? _____

Drink alcohol? Yes / No If Yes, how much? _____ Children? Yes / No Ages: _____

Are you or your partner: Pregnant?_____ Nursing? _____ Pregnancy prevention type? _____

Medications: *Please list all that you currently take. Attach a list if you need more space.*

Medicine Name	Strength & How Often	When Started	Prescribing Doctor

Drug Allergies & Reactions:

Operations (with years):

What is your height? _____ Are you trying to: lose weight? _____ gain weight? _____

When was your last: Pneumonia shot (pheumovax)? _____ Flu shot? _____

If applicable, when was your last: PAP smear? _____ Mammogram? _____

Personal/Family History: *Please check if you or a family member (FM) have ever had any of the following:*

	You	FM		You	FM		You	FM		You	FM
Goiter			Anemia			SLE (Lupus)			Rheumatoid Arthritis		
Stroke			Diabetes			Leukemia			Stomach Ulcers		
Colitis			Epilepsy			Pneumonia			Rheumatic Fever		
Cancer			Psoriasis			Bad Headaches			Nervous Breakdown		
Asthma			Jaundice			Heart Problems			Scleroderma		
Gout			Cataracts			Kidney Disease					

Other significant illness_____

← Please continue to back →

Please circle below to indicate how severe your pain has been.
How much pain have you had due to your condition in the past week?

0 → No pain
10 → As bad as it could be

● ●
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

Please circle below to indicate how well you are doing overall.
Consider all the ways in which illness and health conditions affect you.

0 → Very well
10 → Very poorly

● ●
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

Past Medications

Please check if you have ever taken any of these medicines.

Cortisone/Prednisone		Humira/Adalimumab	
Colcrys/Colchicine		Remicade/Infliximab	
Zyloprim/Allopurinol		Rituxin/Rituximab	
Uloric/Febuxostat		Cellcept/Mycophenolate	
Plaquenil/Hydroxychloroquine		Orencia/Abatacept	
Methotrexate/Otrexup,Rasuvo		Kineret/Anakinra	
Imuran/Azathioprine		Simponi/Golimumab	
Cytoxan/Cyclophosphamide		Cimzia/Certolizumab	
Enbrel/Etanercept		Xeljanz/Tofacitinib	

Local Pharmacy:_____ Phone Number_____

Address (w/ street #)_____

Authorization to Discuss Care: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits this office from discussing a patient's care and/or account information with any other person than the patient or the guardian of a minor and in some cases the legal guardian of an adult under such care. For this reason, your permission is needed if you want your medical and/or account information to be disclosed to another party. Once such permission is given, this permission will remain in effect until revoked in writing by the patient or by the guardian of a minor patient.

I give Rheumatology & Dermatology Associates, PC permission to discuss my medical care and/or account information with the following person(s):

Name_____Relationship_____ Medical Info? Yes / No Account Info? Yes / No

Name_____Relationship_____ Medical Info? Yes / No Account Info? Yes / No

Name_____Relationship_____ Medical Info? Yes / No Account Info? Yes / No

I ____give ____ do not give Rheumatology & Dermatology Associates, PC permission to leave information about appointments and requests to return calls on my voicemail or answering machine or with another person at my place of residence.

IMPORTANT NOTICE/ACKNOWLEDGMENT: I am aware that I may be requested to give a urine screen for monitoring of medication compliance. I also am aware that my name may be submitted to the Tennessee Controlled Substance Monitoring Database to check for "Doctor Shopping" (illegally obtaining controlled substances from more than one physician).

_____ _____

Patient or Guardian Signature Date