Rheuminfo

Name _____

Age _____

NEW PATIENT INFORMATION SHEET

Date: _____

Why are you seeing the Doctor today?_____

What is your marital status *(circle)?* Single Married Common-law Widowed Divorced Separated

How many children do you have? _____

What is your Occupation? _____ **Are you on Disability?** YES ❑ NO ❑

What is your Drug Plan: Private Insurance ❑ Over 65 Government ❑ Ontario Drug Benefits ❑ Other ❑

Past Medical History

1. ***Do you have or have you had any problems relating to your …?***

Eyes ❑	Throat ❑	Stomach ❑	Muscles ❑
Nose ❑	Heart ❑	Liver ❑	Bones ❑
Mouth/jaw ❑	Chest ❑	Bowels ❑	Joints ❑
Ears ❑	Lungs ❑	Kidneys/Bladder ❑	Nerves ❑
Head/Brain ❑	Thyroid ❑	Pregnancy (miscarriage) ❑	

2. ***Do you have or have you had any of the following illnesses?***

Heart Attack / Angina ❑	Thyroid Disease ❑	Osteoporosis ❑
TIA / Stroke ❑	Haemochromatosis ❑	Hepatitis ❑
High Blood Pressure ❑	High Cholesterol ❑	Psoriasis ❑
Diabetes ❑	Tuberculosis ❑	Other:
Crohn's / Uclerative Colitis ❑	Depression ❑	

3. ***Have you ever had a Stomach Ulcer or Bleeding?*** YES ❑ NO ❑
   - ***a. If YES, what year did you have this:*** _____
   - ***b. How was it diagnosed:*** Scope ❑ Barium X-ray ❑ Don't Know ❑

4. ***Have you ever had any surgeries/operations?*** YES (please list) ❑ NO ❑

_____ _____

_____ _____

_____ _____

5. **Please list any prescription or non-prescription <u>MEDICATIONS</u> you are taking now:**

Medication Name	Dose/Amount	How Often

<u>What NSAIDs have you tried?</u>

Celebrex	❑
Vioxx	❑
Bextra	❑
Mobicox	❑
Naprosyn	❑
Arthrotec	❑
Advil/Motrin	❑
Indocid	❑
Voltaren	❑
Surgam	❑
Feldene	❑
Relafen	❑

6. ***Do you have any ALLERGIES to Medications?*** YES ❑ NO ❑
   a. ***If YES, please list the medication and describe what happens?***
      i. _____
      ii. _____
      iii. _____

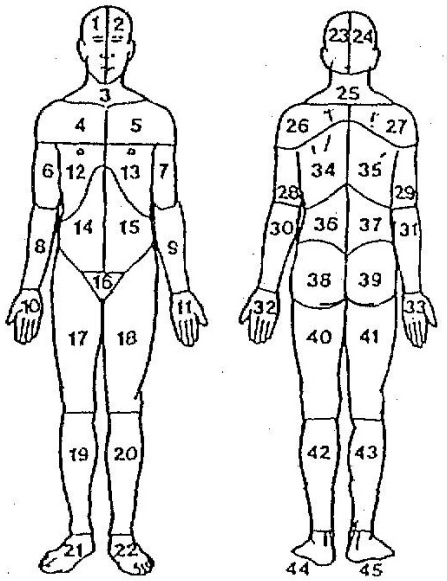
7. ***Do you SMOKE cigarettes?*** Never ❑ Used to, but quit ❑ Yes, still do ❑
   a. ***Number of years smoked:*** _____
   b. ***Number of packs smoked per day:*** _____

8. ***Do you drink Alcohol?*** Never ❑ Yes ❑
   a. ***Number of drinks per week:*** _____

9. ***Do any of your immediate family or distant family relatives have any of the following?***

Rheumatoid Arthritis	❑
Lupus	❑
Gout	❑
Blood clots	❑
Raynaud's Phenomenon	❑
Osteoarthritis	❑
Other types of Arthritis	❑
Psoriasis	❑
Cancer	❑
Bleeding problems	❑
Low Back Pain	❑
Osteoporosis	❑
Heart Disease	❑
Fibromyalgia	❑
Diabetes	❑

10. Please shade in the following diagram to show where you have had pain over the past month.



Thank-You for completing the questionnaire, DO NOT WRITE BELOW THIS LINE

History of Presenting Illness