

Arthritis and Osteoporosis Center of KY

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****PLEASE FILL OUT AND BRING TO YOUR APPOINTMENT****

*****PLEASE BRING A LIST OF YOUR MEDICATIONS*****

Name: _____ D.O.B. _____ Age: _____ Marital Status: _____

Address: _____

Family Physician: _____

Referring Physician: _____

Briefly describe your present symptoms and diagnosis, if known:

Current or Past Medical conditions other than described above: (Past Medical History)

Surgeries OR Operations in the past: (Past Surgical History)

Current Medications:

- | | | |
|-----|-----|------|
| 1.) | 5.) | 9.) |
| 2.) | 6.) | 10.) |
| 3.) | 7.) | 11.) |
| 4.) | 8.) | 12.) |

Allergies: _____

Personal History: Occupation: _____

Smoking History: _____

Alcohol Use: _____

Please encircle if you currently have or in the past had any of the following:

Diagnosed or Treated for:

- | | |
|--|--|
| <ul style="list-style-type: none">• Sexually Transmitted Diseases• Hepatitis• HIV• Tuberculosis | <ul style="list-style-type: none">• Any kind of cancer• Thyroid Disease• Diabetes• Blood clots• Anemia |
|--|--|

Pregnancy History:

- | | |
|--|---|
| <ul style="list-style-type: none">• # of Pregnancies _____• # of miscarriages _____ | <ul style="list-style-type: none">• # of live children _____• Family history of miscarriages |
|--|---|

Family History:

- Rheumatoid Arthritis
- Osteoarthritis
- Psoriasis
- Other _____
- Lupus (SLE)
- Autoimmune or Connective Tissue Disease

REVIEW OF SYSTEMS (Please check or encircle positive symptoms).

General:

- Difficulty sleeping
- Loss of appetite
- Loss of weight
- Low energy level
- Fatigue

Mouth, Nose, Eyes and Ears:

- Dry mouth
- Mouth sores
- Nose sores
- Dry eyes
- Red eyes
- Eye pain
- Hoarseness of voice
- Pain in jaws or tongue while chewing food

Skin:

- Rash
- Skin ulcers
- Skin tightening
- Hair loss
- Lumps or knots under the skin
- Color changes in hands and feet with cold

Heart and Lungs:

- Chest pains
- Shortness of breath
- Swollen legs
- Cough
- Blood in sputum
- Wheezing

Gastrointestinal:

- Nausea/Vomiting
- Stomach pains
- Diarrhea
- Blood in stool
- Difficulty swallowing food
- Constipation

Nervous System:

- Headache
- Loss of vision
- Memory loss
- Numbness of arms or legs
- Urine or stool incontinence
- Weakness of arms or legs

Kidney and Genitalia:

- Urinary infections
- Kidney stones
- Vaginal or Penile discharges
- Rash on genitalia
- Pain or burning urinating
- Blood in urine

Endocrine:

- Cold intolerance
- Heat intolerance
- Excessive thirst
- Passing excessive urine

Allergic and Immunologic:

- Seasonal allergies
- Sinusitis

Muscles and Joints:

- Muscle pain
- Muscle stiffness
- Muscle weakness
- Morning stiffness
- Joint pain
- Joint swelling

Psychiatric:

- Mood swings
- Depression

Physician Initials with date: