Orlando Arthritis and Rheumatology Clinic

7932 West Sand Lake Road, Suite 200, Orlando, FL 32819
610 Sycamore St, Suite 360, Celebration, FL 34747

Ph: 407-807-0096
Fax: 407-807-0093
Email: info@oarclinic.com
Web: www.oarclinic.com

First Name: _____ Middle: _____ Last: _____

Birth Date: _____ /_____ /_____

Please tell us how you heard about us:

□ Website/Internet Search □ Another Patient □ Friend □ Another Individual
□ Family □ Physician (Who?)_____ □ Other: _____

Primary Care Provider: _____

Referring Provider (if different than Primary Care Provider):_____

List all other physicians that you see:

Name	Specialty/condition treated	Name	Specialty/condition treated

Preferred Pharmacy: _____

Pharmacy Phone: _____

Pharmacy Address: _____

_____

_____

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Health Information

Briefly describe your symptoms: _____

_____

_____

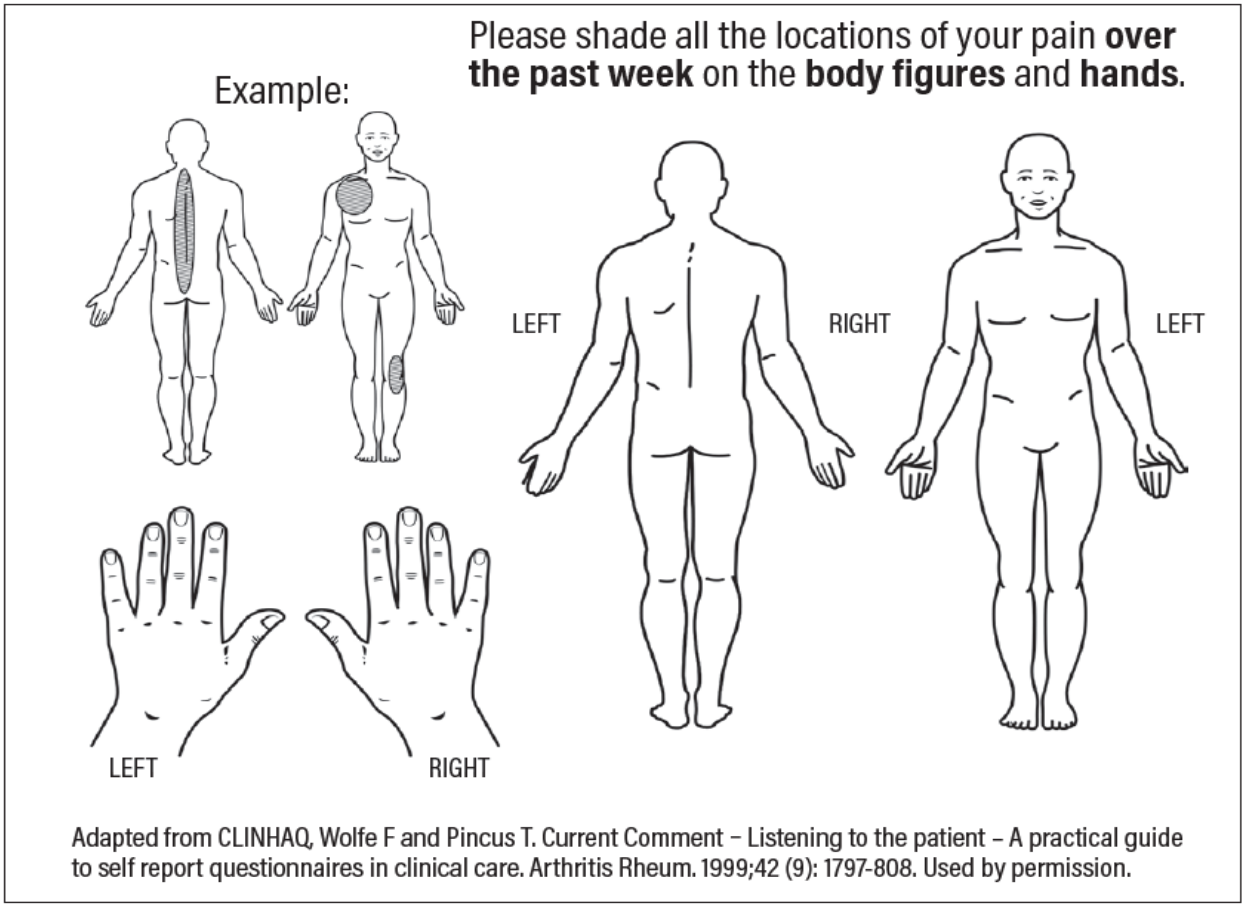
Date symptoms began (approximately): _____ Previous diagnosis (if any): _____

Previous treatment(s) for this problem _____

_____

Other providers you have seen for this problem: _____

_____



Adapted from CLINHAQ, Wolfe F and Pincus T. Current Comment – Listening to the patient – A practical guide to self report questionnaires in clinical care. Arthritis Rheum. 1999;42 (9): 1797-808. Used by permission.

Patient Name_____ DOB_____

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Health Information (continued)

Check (✓) if **YOU** have been diagnosed with any of the following:

□ Rheumatoid arthritis	□ Scoliosis	□ Hypertension / high blood pressure
□ Psoriasis	□ Sciatica	□ Diabetes mellitus
□ Psoriatic arthritis	□ Hypermobility	□ Hyperlipidemia / high cholesterol
□ Lupus or SLE	□ Ehler Danlos Syndrome	□ Blood clots
□ Osteoarthritis	□ Osteopenia or Osteoporosis	□ Heart attack
□ Scleroderma or systemic sclerosis	□ Gout	□ Stroke
□ Connective tissue disease	□ Pseudogout	□ COPD or Asthma
□ Dermatomyositis	□ Ulcerative colitis / Crohn's disease	□ Kidney disease
□ Polymyositis	□ Gastritis or peptic ulcer disease	□ Anxiety or depression
□ Fibromyalgia	□ Liver disease	□ Mental health disease
□ Ankylosing spondylitis	□ Pancreatitis	□ Other :
□ Reactive arthritis	□ Anemia	
□ Osteoarthritis	□ Cancer	
□ Degenerative disc disease	□ Thyroid disease	

List any Past Surgical History and/or Hospitalizations and what year/date:

Procedure/Hospitalization	Date	Procedure/Hospitalization	Date

Outline your use of following, past, or present:

Product	Current use	Quantity per day	Quantity per week	Past use
Tobacco	□ Yes □ No			□ Yes □ No
Alcohol	□ Yes □ No			□ Yes □ No
Non-prescription drugs	□ Yes □ No			□ Yes □ No

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Health Information (continued)

Check if anyone if your **IMMEDIATE FAMILY** has been diagnosed with any of the following and indicate which family member:

□ Rheumatoid arthritis	□ Degenerative disc disease
□ Psoriasis	□ Ehler Danlos Syndrome
□ Psoriatic arthritis	□ Osteopenia or Osteoporosis
□ Lupus or SLE	□ Gout
□ Osteoarthritis	□ Pseudogout
□ Scleroderma or systemic sclerosis	□ Ulcerative colitis or Crohn's disease
□ Connective tissue disease	□ Liver disease
□ Dermatomyositis	□ Cancer
□ Polymyositis	□ Thyroid disease
□ Fibromyalgia	□ Blood clots
□ Ankylosing spondylitis	□ Heart attack
□ Reactive arthritis	□ Stroke
□ Osteoarthritis	□ Kidney disease

Provide date of your last:

	Date		Date
Influenza vaccine		Zoster (Shingles) vaccine	
Pneumonia vaccine		Bone density scan	
COVID-19 vaccine		Eye exam	
Hepatitis B vaccine		Tuberculosis test	

List all your medication / food allergies: □ No known medicaiton or food allergy

Medication/Food	Reaction	Medication/Food	Reaction

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Health Information (continued)

PRESENT MEDICATIONS *(List any medications you are taking. Include all prescription medications and over the counter medications such as aspirin, vitamins, laxatives, calcium, etc.)*

Name of the drug	Dose (include strength & number of pills per day)	How long have you taken this medication?	Please check: Helped? A lot	Some	Not at all
1.			☐	☐	☐
2.			☐	☐	☐
3.			☐	☐	☐
4.			☐	☐	☐
5.			☐	☐	☐
6.			☐	☐	☐
7.			☐	☐	☐
8.			☐	☐	☐
9.			☐	☐	☐
10.			☐	☐	☐

PAST MEDICATIONS: Please review this list of "arthritis" medications. As accurately as possible, try to remember which medications you have taken, how long you were taking the medication, the results of taking the medication and list any reactions you may have had. *Record your comments in the spaces provided.*

Name of the drug	Length of time	Please check: Helped? A lot	Some	Not at all	Reactions
Nonsteroidal antiinflammatory drugs		☐	☐	☐	
Circle any which you have taken in the past Aspirin Naproxen/Aleve Ibuprofen/Motrin Diclofenac Celecoxib Sulindac Etodolac Salsalate Oxprozin Indomethacin Piroxicam Salsalate Ketoprofen					
Prednisone (steroids)		☐	☐	☐	
Hydroxychloroquine (Plaquenil)		☐	☐	☐	
Methotrexate		☐	☐	☐	
Leflunomide		☐	☐	☐	
Sulfasalazine		☐	☐	☐	
Azathioprine (Imuran)		☐	☐	☐	
Mycophenolate mofetil (Cellcept)		☐	☐	☐	
Tacrolimus		☐	☐	☐	
Cyclospirine A		☐	☐	☐	
Apremilast (Otezla)		☐	☐	☐	
Allopurinol		☐	☐	☐	
Febuxostat (Uloric)		☐	☐	☐	
Colchicine		☐	☐	☐	
Probenecid		☐	☐	☐	
Adalimumab (Humira)		☐	☐	☐	
Etanercept (Enbrel)		☐	☐	☐	

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Health Information (continued)

PAST MEDICATIONS (continued)					
Name of the drug	**Length of time**	**Please check: Helped? A lot**	**Some**	**Not at all**	**Reactions**
Certolizumab (Cimzia)		□	□	□	
Infliximab (Remicade)		□	□	□	
Golimumab (Simponi or Simponi-Aria)		□	□	□	
Rituximab (Rituxan)		□	□	□	
Tocilizumab (Actemra)		□	□	□	
Sarilumab (Kevzara)		□	□	□	
Abatacept (Orencia)		□	□	□	
Tofacitinib (Xeljanz)		□	□	□	
Barcitinib (Olumiant)		□	□	□	
Upadacitinib (Rinvoq)		□	□	□	
Secukinumab (Cosentyx)		□	□	□	
Ixekizumab (Taltz)		□	□	□	
Brodalumab (Sotyktu)		□	□	□	
Risankizumab (Skyrizi)		□	□	□	
Guselkumab (Tremfya)		□	□	□	
Tildrakizumab (Ilumya)		□	□	□	
Ustekinumab (Stelara)		□	□	□	
Belimumab (Benlysta)		□	□	□	
Anifrolumab (Saphnelo)		□	□	□	
Canakinumab (Ilaris)		□	□	□	
Anakinra (Kineret)		□	□	□	
Alendronate (Fosamax)		□	□	□	
Ibandronate (Boniva)		□	□	□	
Zolendronic acid (Reclast)		□	□	□	
Denosumab (Prolia)		□	□	□	
Romosozumab (Evenity)		□	□	□	
Teriparatide (Forteo)		□	□	□	
Other:		□	□	□	
Other:		□	□	□	

List any supplements that you currently take:_____

_____

_____

_____

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