RHEUMATOLOGY ASSOCIATES OF OKLAHOMA

This Information Will Help Your Doctor Evaluate & Treat You!

Patient's Name _____ Age _____ Date _____

This Week I am Doing... ❑ Very Good ❑ Good ❑ Fair ❑ Poor ❑ Very Poor ❑ Better ❑ Worse

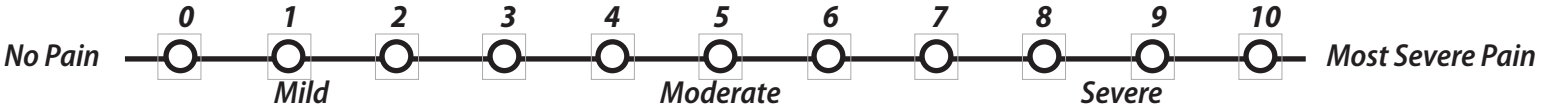
I am Mostly Concerned About? _____

How long is your morning stiffness? ❑ None ❑ 15 min ❑ 30 min ❑ 45 min ❑ 1 hr ❑ 2 hr ❑ 4 hr ❑ All Day

My Sleep is... ❑ Great ❑ Normal ❑ Fair ❑ Poor ❑ Very Poor ❑ Can't Fall Asleep ❑ Can't Stay Asleep

❑ Early Waking ❑ Snoring ❑ Restless Legs ❑ Night Pain

In the PAST WEEK, How Much Pain Have You Had?



Since Last Visit I have Had...

❑ No Problems	Please Explain:
❑ Change in Medication	
❑ Heart or Lung Problem	
❑ Hospitalization	
❑ Stomach Ulcer	
❑ Accidents or Fall	
❑ Eye Problem / Exam	
❑ Cancer	
❑ Joint Injection	
❑ Joint Surgery	
❑ New Diagnosis	
❑ Infection	

Have You Seen Any New Providers or Had New Imaging Since Your Last Visit? ❑ Yes ❑ No (Please Explain)

_____

_____

_____

Who is your Primary Care Doctor? _____ Date of Last Visit _____

Will you soon have Tests/X-Rays/Surgery? ❑ Yes ❑ No _____

Do You need refills today? ❑ Yes ❑ No _____

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MEDICAL HISTORY FORM

Patient's Name _____ D.O.B. _____

Entered By _____ Audited _____ Today's Date _____

Are You Experiencing any of the Following Symptoms?

GENERAL
- ❑ Chills
- ❑ Weight Gain/Loss lbs. ___
- ❑ Fatigue
- ❑ Fever
- ❑ Night Sweats
- ❑ Weakness

SKIN
- ❑ Abnormal Fingernails
- ❑ Easy Bruising
- ❑ Hives
- ❑ Jaundice
- ❑ Nodules
- ❑ Rash

HEENT
- ❑ Dizziness
- ❑ Lightheadedness
- ❑ Visual Changes
- ❑ Hearing Problems
- ❑ Sinus Pressure
- ❑ Hoarseness
- ❑ Dry Mouth
- ❑ Dry Eye
- ❑ Red Eye
- ❑ Dental Problems
- ❑ Oral Sores
- ❑ Nose Sores
- ❑ Hair Loss

RESPIRATORY
- ❑ Cough
- ❑ Coughing Up Blood
- ❑ Shortness of Breath
- ❑ Wheezing

CARDIOVASCULAR
- ❑ Chest Pain
- ❑ Difficulty Breathing on Exertion
- ❑ Palpitations
- ❑ Swelling of Extremities

GASTROINTESTINAL
- ❑ Abdominal Pain
- ❑ Constipation
- ❑ Diarrhea
- ❑ Diverticulitis
- ❑ Difficulty Swallowing
- ❑ Food Intolerance
- ❑ Pancreatitis
- ❑ Nausea
- ❑ Vomiting
- ❑ Colitis

GENITOURINARY
- ❑ Blood in Urine
- ❑ Frequency
- ❑ Groin Pain
- ❑ Incontinence
- ❑ Pelvic Pain
- ❑ Urgency

MUSCULOSKELETAL
- ❑ Back Pain
- ❑ Joint Pain
- ❑ Muscle Pain
- ❑ Muscle Weakness
- ❑ Numbness
- ❑ Stiffness
- ❑ Heel Pain
- ❑ Tendinitis
- ❑ Purple Fingers

NEUROLOGIC
- ❑ Headaches
- ❑ Memory Loss
- ❑ Seizures
- ❑ Syncope
- ❑ Tingling
- ❑ Tremor
- ❑ Weakness

PSYCHIATRIC
- ❑ Anxiety
- ❑ Depression
- ❑ Trouble Focusing

ENDOCRINE
- ❑ Excessive Thirst
- ❑ High Blood Sugar
- ❑ Low Blood Sugar

HEMATOLOGY
- ❑ Abnormal Bleeding
- ❑ Enlarged Lymph Nodes