

RHEUMATOLOGY ASSOCIATES, P.C.

NEW APPOINTMENT CHECKLIST

- Completed medical history packet.

- All medications in original containers, including both prescription and over the counter medications and supplements.

- Picture identification.

- Insurance cards.

- If you are not the primary person on the insurance card we will need to have the primary insured's full name, social security number, and date of birth.

- Co-Pay (cash, check, Discover, MasterCard, and Visa are accepted)

If you will need directions to our clinic, please feel free to contact us at 563-359-4440.

Names of Other Practitioners Seen for this Problem:

Past Medical History: Do you now or have you ever had (circle and indicate date and type if yes)

Anemia	Heart	Nervous Breakdown
Asthma	Hepatitis	Pneumonia
Cancer	High Blood Pressure	Psoriasis
Cataracts	HIV/AIDS	Rheumatic Fever
Diabetes	Inflammatory Bowel Disease	Sleep Apnea
Emphysema	Jaundice	Stomach Ulcers
Epilepsy	Kidney Disease	Stroke
Glaucoma	Leukemia	Thyroid Disorder
Goiter	Migraines	Tuberculosis

Other significant illness

Previous Operations (Year and Type):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Any Previous Fractures (Left/Right and Month/Year):

Any Other Serious Injuries

Social History:

Employer _____ Occupation _____

Number of Hours Worked Per Week _____

Do you use alcohol? ___ Yes ___ No If Yes, frequency and type _____

Do you use tobacco? ___ Current ___ Former ___ Never Type _____ Quantity _____

Have you ever tried to quit? ___ Yes ___ No If quit what year _____

Highest Level of Education Completed _____

Tattoos ___ Yes ___ No

IV Drugs ___ Never ___ Past ___ Current

Marital Status:

___ Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Life Partner

Pregnant _____ Contraception _____ Menopause Age _____

Preferred Pharmacy _____

Signature _____ Date _____

Please complete the family health history on the next page.

Have any of the following diseases been diagnosed in your family? Please list only if relative is your natural (blood-related) father, mother, full brothers, full sisters, or natural children. Please list how this person is related and their first name.

Please list even if the relative is not living.

- Rheumatoid Arthritis:

- Lupus:

- Gout:

- Ankylosing Spondylitis:

- Sjogren's:

- Osteoporosis/ Hip Fracture/ Spinal Fracture:

- Psoriasis/ Crohn's Disease/ Ulcerative Colitis:

- Other Rheumatic Diseases (such as vasculitis, polymyalgia rheumatic, psoriatic arthritis):

- Fibromyalgia:

- Cancer (please specify which type if known):

- Heart Disease:

- Alcoholism:
