

Arthritis & Osteoporosis Center of Kentucky
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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: _____ Sex: Male / Female :

For Females: Are you on birth control: Yes / No: _____ Any chance you are pregnant: Yes / No _____

Address: _____ Zip Code _____

FAMILY DOCTOR:

REFERRING DOCTOR:

Briefly describe your present symptoms and diagnosis OR Reason for this Consultation:

Medical conditions Diagnosed other than described above

Surgeries / Operations, You had

Current Medications:

Allergies to Medications (Medications you can not take)

Personal History: Occupation: _____ Alcohol Use: _____

Smoking / Tobacco Use: Please circle: Ex-Smoker: _____ Current Smoker: Yes / No _____

- Do you smoke: Every day / Only some days.
- How many cigarettes you smoke daily? -----
- How many years you have been smoking? -----

FAMILY HISTORY: (Please circle) (DO NOT INCLUDE YOURSELF)

Mother Living, Deceased. Medical Conditions:

Does anyone in your family Has / Had

Father Living, Deceased. Medical Conditions

Lupus / Autoimmune disease:
Rheumatoid arthritis:
Psoriasis / Psoriatic Arthritis:
Osteoporosis / Ankylosing Spondylitis

Siblings: Medical Conditons:

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

Diagnosed or Treated for:

- Sexually Transmitted Diseases
- Hepatitis
- HIV
- Tuberculosis
- Anemia
- Any kind of cancer
- Thyroid Disease
- Diabetes
- Blood clots

Did you have Vaccinations:
(Please circle)

Hepatitis A, Hepatitis B, Pneumonia, Shingles, MMR, Flu (Nasal), Flu (injection)
Polio, Meningococcal, Smallpox, Chicken pox, Yellow fever , BCG

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
- 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:

- Headaches
- 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 discharge
- 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: