



SAINT LOUIS Rheumatology

520 S. Elm Ave., St. Louis, MO 63119

Phone: 314.645.4434 Fax: 314.645.3801

NAME: _____ AGE: _____ SEX: _____ Date of Birth: _____ / _____ / _____

ADDRESS: _____ TELEPHONE: _____

OCCUPATION: _____ PRIMARY CARE PROVIDER: _____

SMOKING STATUS ___ YES ___ NO ___ QUIT/Year _____ ALCOHOL USE ___ YES ___ NO; How much per week _____

PAST RHEUMATOLOGIC HISTORY (please indicate if you or a Relative have ever had the following):

You	Relative (relationship)	
		Arthritis (unknown type)
		Osteoarthritis
		Rheumatoid Arthritis
		Childhood Arthritis (JIA)
		Psoriatic Arthritis
		Psoriasis
		Ankylosing Spondylitis
		Uveitis
		Dermatomyositis
		Polymyositis
		Lupus / "SLE"
		Scleroderma
		Sjögren's
		Thyroid Disease
		Vasculitis
		Gout

PAST MEDICAL HISTORY (please indicate if you currently have or have ever had the following):

- High Blood Pressure
- High Cholesterol
- Heart Attack
- Heart Failure
- Stroke/TIA
- Blood Clot
- Atrial Fibrillation
- COPD
- Asthma
- Sleep Apnea
- Lung disease
- Osteoporosis
- Dry Eye / Mouth
- Eczema
- Depression
- Bipolar Disorder
- Anxiety
- Fibromyalgia
- Stomach Ulcer
- Anemia
- Diverticulitis
- Kidney Disease
- Heartburn
- Diabetes
- Kidney Stone
- HIV/AIDS
- Hepatitis C
- Tuberculosis
- Cataracts
- Glaucoma
- Miscarriage
- Seizure
- Crohn's/UC
- Multiple Sclerosis
- Migraines
- Cancer: _____
- Other: _____

CURRENT MEDICATIONS (list any medications including supplements and other over the counter items):

	Name of Drug	Strength / Doses per day	Start Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

PREFERRED PHARMACY: _____

Previous Surgeries / Procedures (please include date):

Medication Allergies / Reaction:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Previous Fractures / Injuries (include year):

Main Complaint / Concern: _____

Date Symptoms Started (approx.): _____

Current Symptoms: _____

Treatment Tried (including injections, physical therapy, surgery, any medications/supplements not listed above):

Considering all the ways in which this condition is affecting you at this time, please indicate how you are doing:

Very Well — — — — — — — — — — — — — Very Poorly

0 1 2 3 4 5 6 7 8 9 10

PREVIOUS MEDICATION USE (please indicate if you have ever used any of the following):

Used?	Name of Medication	Used?	Name of Medication
	NSAID's / Pain Relievers		DMARD's / JAK Inhibitors
	Acetaminophen / Tylenol		Methotrexate / Trexall
	Ibuprofen / Motrin / Advil		Leflunomide / Arava
	Naproxen / Naprosyn / Aleve / Anaprox		Sulfasalazine / Azulfidine
	Oxaprozin / Daypro		Azathioprine / Imuran
	Meloxicam / Mobic		Mycophenolate Mofetil / Cellcept
	Celecoxib / Celebrex		Xeljanz / Tofacitinib
	Diclofenac / Arthrotec / Voltaren		Olumiant / Baricitinib
	Etodolac / Lodine		Rinvoq / Upadacitinib
	Nabumetone / Relafen		Biologics
	Piroxicam / Feldene		Humira / Adalimumab
	Indomethacin / Indocin		Enbrel / Etanercept
	Sulindac / Clinoril		Cimzia / Certolizumab
	Tramadol / Ultram		Simponi / Golimumab
	Hydrocodone / Norco / Vicodin / Lortab		Remicade / Infliximab
	Oxycodone / Percocet		Orencia / Abatacept
	Steroids / Prednisone / Medrol		Actemra / Tocilizumab
	Muscle Relaxers		Kevzara / Sarilumab
	Flexeril / Cyclobenzaprine		Cosentyx / Secukinumab
	Zanaflex / Tizanidine		Taltz / Ixekizumab
	Robaxin / Methocarbamol		Siliq / Brodalumab
	Soma / Carisoprodol		Stelara / Ustekinumab
	Skelaxin / Metaxalone		Skyrizi / Risankizumab
	Baclofen		Tremfya / Guselkumab
	Gout Medications		Ilumya / Tildrakizumab-asmn
	Colchicine / Colcris / Mitigare		Otezla / Apremilast
	Probenacid		Benlysta / Belimumab
	Allopurinol		Rituxan / Rituximab
	Uloric / Febuxostat		Cytosan / Cyclophosphamide
	Krystexxa / Peglitocase		Kineret / Anakinra
	Neuropathic Medications		Ilaris / Canakinumab
	Cymbalta / Duloxetine		Sandimmune / Cyclosporine
	Effexor / Venlafaxine		Protopic / Prograf / Tacrolimus
	Pamelor / Nortriptyline		
	Elavil / Amitriptyline		
	Savella / Milnacipran		
	Neurontin / Gabapentin		
	Lyrica / Pregabalin		
	Osteoporotic Medications		
	Fosamax / Alendronate		
	Actonel / Risedronate		
	Boniva / Ibandronate		
	Reclast / Zometa / Zoledronic Acid		
	Prolia / Denosumab		
	Calcitonin		
	Evista / Raloxifene		
	Forteo / Teriparatide		
	Evenity / Romosozumab		
	Tymlos / Abaloparatide		

