Office Use	Doctor:	LRDC Chart #:	Appointment Date:
only			

Little Rock Diagnostic Clinic **Rheumatology** - Patient Questionnaire

This information will become part of the medical record and is subject to federal privacy laws.

Full Name:					Birth:	
E-mail address:				Cell Pho	one:	
Circle	all that apply:	<u>tobacco</u>	use high blo	ood pressure	<u>diabetes</u>	<u>heart disease</u>
Describe the	medical probl	em or reaso	on that you are h	ere for evalua	ation today.	
When did it st	art?					
Where is it loc	ated?					
How severe is	it?					
How often do	es it occur?					
Aggravated by	y?					
Relieved by? _						
Vitals	Thi	s box will be	e completed by	the nursing s		ovider's office
Ht	WT -	Гетр	RP	Pulse	Resn	Pulse ox

Please list the medications you are currently taking. Please include all over-the-counter and herbal medications (use back of page if needed):

Medication Name	Dosage	How often	Started	Problem medication for	Doctor who wrote
harmacy Name ar	nd Address	i			
·				t a time? (circle one) 30	days 90 days

Please list any drug allergies or side effects (use back page if needed)

ricuse list any drug unergies of state effects (ase back page if fielded)								
When	Drug	Describe Reaction						

Immunizations (list date of last)

	-		
Tetanus	Pneumonia	Shingles	Flu

List all the physicians that you are currently seeing:

Physician Name	Specialty	Condition being treated	Next Office Visit	Would you like a copy of your visit sent to this doctor?

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Review of Systems- MEN ONLY

Please check a box below for every question that applies to your current health

General	No	Voc	Urinary	No	Voc	Skin	No	Voc
Chills	No	Yes	Dribbling	No	Yes	Brittle hair	No	Yes
Fatigue			Painful urination			Brittle nails		
Fever			Blood in urine			Hair loss		
Night sweats			Excessive urination			Excessive hair growth		
Tired			Slow stream		+	Hives		
Weight gain			Increased frequency		+	Itching		
Weight loss			Unable to hold urine			Mole changes		
Other:			Trouble emptying bladder		-	-		
Other.			. , 3			Rash Skin lesion		
			Other:			Skin lesion		
Head/Neck	No	Yes	Reproductive	No	Yes	Other:		
Ear drainage	140	163	Erection problems	110		Other.		
Ear pain			Discharge from penis			Musculoskeletal	No	Yes
Eye discharge			Decreased libido			Back pain	110	103
Eye pain			Other:			Joint pain		
Hearing loss			Other.			Joint swelling		
			Metabolic	No	Voc	Muscle weakness		
Nasal drainage			Cold intolerance	No	Yes			
Sinus pressure						Neck pain		
Sore throat			Heat intolerance			Other:		
Visual changes			Always thirsty			5 1 14 1		.,
Other:			Always hungry			Blood/lymph	No	Yes
		.,	Other:			Easy bleeding		
Respiratory	No	Yes				Easy bruising		
Chronic cough			Neurological	No	Yes	Enlarged lymph nodes		
Recent cough			Dizziness			Other:		
Known TB exposure			Numbness in arms/legs					
Shortness of breath			Weakness in arms/legs			Immunity	No	Yes
Wheezing			Trouble walking			Contact allergy		
Other:			Headache			Environmental allergy		
			Memory loss			Food allergy		
Heart	No	Yes	Seizures			Seasonal allergy		
Chest pains			Tremors			Other:		
Leg pain with walking			Other:					
Swelling in legs								
Heart racing			Psychiatric	No	Yes			
Other:			Anxiety					
			Depression					
Gastrointestinal	No	Yes	Trouble sleeping					
Abdominal pain			Other:					
Blood in stools								
Change in stools								
<i>c</i>								
Constipation								
Constipation Diarrhea								
Diarrhea								
Diarrhea Heartburn								
Diarrhea Heartburn Loss of appetite								

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Review of Systems- WOMEN ONLY

Please check a box below for every question that applies to your current health

Chills Fatigue Paintlu trination Blood in urine Fever Night sweats Increased frequency Unable to hold ut urine Weight gain Trouble emptying bladder Other: Head/Neck No Yes Reproductive No Yes Always hingry Other: Head/Neck No Yes Paintlu periods Escassive urination Paintlu periods Paintlu periods Paintlu periods Escassive urination Paintlu periods Paintlu	General	No	Yes	Urinary	No	Yes	Psychiatric	No	Yes
Fever Night sweats Increased frequency Unable to hold urine	Chills			-			-		
Night sweats Tred Weight gain Weight loss Other: Unable to hold urine Unable which are provided in the provided with the provided of the provided which are provided with the provided which are provided with the	Fatigue			Blood in urine			Depression		
Tired Weight gain Unable to hold urine Weight gain Weight gas Other:	Fever			Excessive urination			Trouble sleeping		
Weight loss	Night sweats			Increased frequency			Other:		
Meight loss	Tired			Unable to hold urine					
Other: Head/Neck No Yes Ear drainage Ear pain Eye discharge Eye pain Hearing loss Nasal drainage Sinus pressure Sore throat Visual changes Chen: Chen: Chen: Chen: Chen: Chest pains Ega pain Wheezing Other: Shortness of breath Wheezing Other: Shortness of breath Ear drainage No Yes	Weight gain			Trouble emptying bladder			Metabolic	No	Yes
Head/Neck	Weight loss			Other:			Cold intolerance		
Head/Neck No Yes Reproductive No Yes Always hungry Other: Ear drainage Ear pain Eye discharge Eye pain Hearing loss Respiratory No Yes Hair loss Other: Shortners of breath Shortners of Determine Shortners	Other:						Heat intolerance		
Head/Neck No Yes Reproductive No Yes Always hungry Other: Ear drainage Ear pain Eye discharge Eye pain Hearing loss Respiratory No Yes Hair loss Other: Shortners of breath Shortners of Determine Shortners							Always thirsty		
Ear pain Painful periods Painful periods Painful periods Painful intercourse P	Head/Neck	No	Yes	Reproductive	No	Yes	Always hungry		
Eye discharge Eye pain Hearing loss Nasal drainage Sinus pressure Sore throat Visual changes Other: Sore throat Visual changes Other: Brittle hair Blood/lymph No Yes Blood/lymph Blood/lymph Blood/lymph Blood/lymph	Ear drainage			Abnormal pap smear			Other:		
Eye pain Hearing loss Nasal drainage Sinus pressure Sore throat Visual changes Other: Skin No Yes Other: Brittle hair Brit	Ear pain			Painful periods					
Hearing loss Nasal drainage Sinus pressure Sore throat Visual changes Skin Skin No Yes No Yes Chronic cough Recent cough Respiratory Shortness of breath Shortness of breath Skin Sk	Eye discharge			Painful intercourse			Musculoskeletal	No	Yes
Nasal drainage Sinus pressure Sore throat Visual changes Other: Stkin No Ves Other: Brittle nails Brodeling Brasy bleeding Brasy bleed	Eye pain			Hot flashes			Back pain		
Sinus pressure Sore throat Visual changes Other: Other: Brittle hair Blood/lymph No Yes Easy bleeding Easy brusing Enlarged lymph nodes Other: Contact allergy Contact allergy Contact allergy Environmental allergy Food allergy Dizziness Numbness in arms/legs Heart racing Other: Weakness in arms/legs Headache Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting University and the service with the service of the service with	Hearing loss			Irregular periods			Joint pain		
Sinus pressure Sore throat Visual changes Other: Other: Brittle hair Blood/lymph No Yes Easy bleeding Easy brusing Enlarged lymph nodes Other: Contact allergy Contact allergy Contact allergy Environmental allergy Food allergy Dizziness Numbness in arms/legs Heart racing Other: Weakness in arms/legs Headache Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting University and the service with the service of the service with	Nasal drainage			Vaginal discharge			Joint swelling		
Visual changes Other: Other: Brittle hair Brittle hair Brittle nails Brittle hair Brittle nails Brittle hair Brittle nails Brittle hair Blood/lymph No Yes Blood/lymph No Yes Charge lasy bruising Easy br					L		Muscle weakness		
Other: Brittle hair loss Easy bleeding Easy bleeding Easy bruising Easy bruising Easy bruising Enlarged lymph nodes Other: Skin lesion Other: Skin lesion Other: Skin lesion Other: Environmental allergy Other: Seasonal Brother	•						Neck pain		
Other: Brittle hair loss Easy bleeding Easy bleeding Easy bruising Easy bruising Easy bruising Enlarged lymph nodes Other: Skin lesion Other: Skin lesion Other: Skin lesion Other: Environmental allergy Other: Seasonal Brother	Visual changes			Skin	No	Yes	Other:		
Respiratory No Yes Hair loss Easy bleeding Easy bruising Easy bruising Easy bruising Easy bruising Enlarged lymph nodes Other: Shortness of breath Mole changes Other: Other: Skin lesion Other: Chest pains Leg pain with walking Swelling in legs Heart racing Other: Swelling in legs Heart racing Other: Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Change in stools Change in stools Change in stools Change in Suasea Vomiting Union State				Brittle hair					
Chronic cough Recent cough Recent cough Known TB exposure Shortness of breath Wheezing Other: Skin lesion Other: Skin lesion Other: Skin lesion Other: Skin lesion Other: No Yes Neurological No Yes Neurological No Yes Numbness in arms/legs Heart racing Other: Trouble walking Abdominal pain Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting				Brittle nails			Blood/lymph	No	Yes
Recent cough Known TB exposure Shortness of breath Wheezing Other: Skin lesion Other: Skin lesion Other: Skin lesion Other: Skin lesion Other: Enlarged lymph nodes Other: Skin lesion Other: Skin lesion Other: Environmental allergy Environmental allergy Environmental allergy Seasonal allergy Other: Swelling in legs Neurological No Yes Seasonal allergy Other: Swelling in legs Weakness in arms/legs Other: Trouble walking Headache Gastrointestinal No Yes Memory loss Seizures Other: Other: Seizures Other: Society of the state of the stat	Respiratory	No	Yes	Hair loss			Easy bleeding		
Known TB exposure Shortness of breath Wheezing Other: Other: Skin lesion Other: Other: Other: Chest pains Leg pain with walking Swelling in legs Heart racing Other: Trouble walking Abdominal pain Blood in stools Change in sto	Chronic cough			Excessive hair growth			Easy bruising		
Known TB exposure Shortness of breath Wheezing Other: Other: Skin lesion Other: Other: Other: Chest pains Leg pain with walking Swelling in legs Heart racing Other: Trouble walking Abdominal pain Blood in stools Change in sto	Recent cough						Enlarged lymph nodes		
Wheezing Other: Rash Other: Immunity No Yes Other: Skin lesion Other: Contact allergy Environmental Environmental Allergy Environmental En	Known TB exposure			Itching					
Other: Contact allergy Environmental allergy En	Shortness of breath			Mole changes					
Other: Contact allergy Environmental allergy En	Wheezing						Immunity	No	Yes
Heart No Yes Chest pains Leg pain with walking Swelling in legs Heart racing Other: Trouble walking Headache Gastrointestinal Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting No Yes Neurological No Yes Neurological No Yes Seasonal allergy Other: Trouble walking Headache Seizures Memory loss Other: Other: Tremors Other: Other: Food allergy Other: Other:	Other:			Skin lesion			Contact allergy		
Chest pains Dizziness Other: Swelling in legs Weakness in arms/legs Weakness in arms/le				Other:	.		Environmental allergy		
Leg pain with walking Swelling in legs Heart racing Other: Trouble walking Headache Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting Dizziness Numbness in arms/legs Weakness in arms/legs Weakness in arms/legs Weakness in arms/legs Other: Trouble walking Headache Memory loss Seizures Other: Other: Other:	Heart	No	Yes				Food allergy		
Swelling in legs Heart racing Other: Trouble walking Headache Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting Numbness in arms/legs Weakness	Chest pains			Neurological	No	Yes	Seasonal allergy		
Heart racing Other: Trouble walking Headache Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting Weakness in arms/legs Headache Heartburn Weakness in arms/legs Headache Heartburn Weakness in arms/legs Headache Headache Heartburn Weakness in arms/legs Headache Heada	Leg pain with walking			Dizziness			Other:		
Other: Gastrointestinal No Yes Memory loss Abdominal pain Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting Trouble walking Headache Memory loss Memory loss Other: Seizures Other: Other: Other:	Swelling in legs			Numbness in arms/legs					
Headache	Heart racing			Weakness in arms/legs					
Gastrointestinal No Yes Memory loss Abdominal pain Seizures Blood in stools Tremors Change in stools Other: Constipation Diarrhea Heartburn Heartburn Loss of appetite Nausea Vomiting Vomiting	Other:			Trouble walking					
Abdominal pain Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting				Headache					
Blood in stools Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting	Gastrointestinal	No	Yes	Memory loss					
Change in stools Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting	Abdominal pain			Seizures					
Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting	Blood in stools			Tremors					
Constipation Diarrhea Heartburn Loss of appetite Nausea Vomiting	Change in stools			Other:					
Heartburn Loss of appetite Nausea Vomiting									
Loss of appetite Nausea Vomiting	Diarrhea								
Nausea Vomiting Vomiting	Heartburn								
Nausea Vomiting Vomiting	Loss of appetite								
Vomiting									

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Past Medical History

Place check all that apply to you

Allergies	Blood clots	Gallbladder disease	Kidney disease	
Anemia	Cancer (type)	Heartburn/ reflux	Seizures	
Chest pains	COPD	Hepatitis C	Thyroid disease	
Anxiety	Heart Disease	High blood pressure	•	
Arthritis	Depression	Irritable bowel disease		
Asthma	Diabetes	Myocardial infarction		
Atrial fibrillation	Elevated lipids	Osteoporosis		

Past Surgical History

Place the Year (if known) to all that apply to you

	Year		Year	Men Only	Year	Women Only	Year
Heart Balloon		Gastric Bypass		Prostate Biopsy		Breast Implants	
Appendix Removal		Hernia Repair		Prostate Surgery		Tubal	
Knee Scope		Hip Replacement		Vasectomy		Breast Biopsy	
Back Surgery		Knee Replaced				C-section	
Blood transfusion		LASIK Eye				D&C	
Heart Bypass		ORIF				Hysterectomy	
Cardiac Pacemaker		Thyroid Removal				Mastectomy	
Carpal Tunnel		Tonsil Removal				Fibroid Removal	
Cataract Removal						Breast Reduction	
Intestine Removal						Hyst and Ovaries	
Colostomy Bag						Vaginal Hyst	
Other:							

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Family History

Place a check mark in the box to all that apply

____ Adopted/unknown

	Mother	Father	Sister	Brother	Other
Alive (age)					
Deceased (at what age)					
Attention Deficit Disorder					
Alcoholism					
Allergies					
Alzheimer's disease					
Arthritis					
Asthma					
Blood disorder					
Cancer					
Type of cancer					
Heart disease after 50					
Heart disease before 50					
Depression					
Developmental Problems					
Diabetes					
Skin problems					
Elevated lipids					
Genetic disease					
Hearing problems					
High blood pressure					
Irritable bowel disease					
Learning problems					
Mental illness					
Migraines					
Obesity					
Osteoporosis					
Poor circulation					
Kidney disease					
Seizures					
Stroke					
Lupus					
Thyroid disorder					

Other relevant family history:		

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Social History

Tobacco History:

Smoking Tob	acco U	<u>se</u>					Non-Smoking	<u>Tobac</u>	<u>co Use</u>			
Tobacco	Use	Usage	Years	Age	Age		Tobacco	Use	Usage per	Years	Age	Age
Туре:	daily	per day	used	started	stopped		Туре:	Daily	day	used	started	stoppe
Cigarette		#packs/cig					Chewing		units			
Cigarillo	Ш-	cigarillos					Smokeless		units			
Cigar		cigars					Snuff		units			
Pipe		pipes										
Have yo	ou ever	tried to quit	smokin	g? No /	Yes	•	Υ	'ear qui	t?			
Cessation method?			Long	Longest period tobacco free?					Relapsed? Yes / No If so, why?			
Type How How	of alco	Yes ohol ently a day? your last dri		_ _	ν (list year	r quit)					_
Caffeine Hi	story:				Servii	ngs P	er Day					
Demograph	nics:						ellect the followi					
Race	(mus	t choose or		tion is part	or the mea	icai rec	<u>.oru ariu is subje</u>	ect to priv	vacy laws.			
	Asia Blac Nati Whi	k or African A ve Hawaiian	America or Othe	n r Pacific I	slander							
Ethn	icity (c	heck one) _	Hi	spanic	Non	-Hisp	panic					
		nguage Spol		•								
		Birth (if not					_					
		inance:					hidevtrous					
Education:	ı Donn		_ixigiit		CIL		bidextious					
	act law	el of Educat	ion:									
		e obtained:_										
•	_	e obtained										
Employmer												
	•	1:										
		nt Status:										
If Re	tired, [Date:										

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Military Experience:					
No	Yes				
Branch:					
Years served:					
Domestic:					
	cal Status (circle one):	Single	<u>Married</u>	<u>Widowed</u>	Divorced
	• (6.1.6.16.6.17.6).	<u> </u>	<u></u>	<u> </u>	<u>=</u>
	Previously widowed?	No	Yes		
	Previously divorced?				
			 Yes	# Sons	# Daughters
	Who lives with you?				<i>y</i>
Sleep Patterns:	,				
Changes in sleep	patterns:		No Yes		
Average number of	of hours of sleep per r	night:			
Trouble falling asl	eep:		No Yes		
Difficulty staying a	asleep:		No Yes		
Frequent waking	•		No Yes		
Disrupted breathing	ng, gasping, gagging	or	No Yes		
choking for air du					
Lifestyle:					
A ctivity love	l:Moderate	Code	onton.	ligarous	
Health club membe			•	/igorous Never	
	e:	riev	i	vevei	
Exercise frequency					
	<:				
Hobbies/Activities					
	·				
Animals in the home		Type			
7 tilling in the nome	. 110 165	1,460			
Religious/Spiritual:					
Do you ha	va a raligious affiliatio	n2 No	Voc. Do	liaian nama	
•	/e a religious affiliatio	n: NO	res Re	eligion name:	
Home Environment/S	arety:				
Smoke	detectors in home?	No Y	'es		
Carbon monoxide	detectors in home?	No Y	'es		
F	alls in the last year?	No Y	'es Num	ber of falls:	
	Pool/spa at home:	No Y	'es		
	Seat belt use?	No Y	'es		
Recent Travel					
	of state?				
	country?				
Known exposure to	disease?				

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