INITIAL VISIT EVALUATION FORM

Bryn Mawr Medical Specialists Association Rheumatology

Primary Care / Fam	ilv Physician					NONE
	Primary Physici		Self-referre			
-						
ı	Or			(Spe	ecialty)
REASON FOR REFE	RRAL / VISIT		Abno	rmal Blood tests	2 nd Opinion	Not sure
Previous treatmen	t					NONE
Previous tests:	Blood tests	X-rays	MRI	Other		
Other specialists s	een for this pro	blem				
ALL MEDICATIONS 1	(with Doses)	N	ONE	6		
2				7		
3				8		
4				9		
5				10		
ALLERGIES						
	Madiantiana?	NO V	Ee		rocation to mod	
Any ALLERGIES to	<u>Medications</u> :	NO II			reaction to med	
Do you have or hav	ve vou ever hee	n treated fo	Ar:			
				nines sciatica	LIST OTHERS:	
high cholesterol	arrhyth		psori	•	on	
diabetes asthma	heart fa stroke /		gout	anxiety pporosis fibromya	lais	
angina	liver pro			ni tunnel syndrome	igia	
heart attack	•	problems		er (type)	
	FS / PROCEDUR	ES (inc	clude dates	if possible):		
Previous SURGERI		***************************************		-		
Previous SURGERI arthroscopy		IST OTHER				
arthroscopy joint replacemen	<u>L</u>	IST OTHER				
arthroscopy joint replacemen epidural injectior	<u>L</u> t ıs	ISI OTHER				
arthroscopy joint replacemen	<u>L</u> t ıs	IST OTHER				
arthroscopy joint replacemen epidural injectior back surgery / la	<u>L</u> Is minectomy		G TEST)			
arthroscopy joint replacemen epidural injectior	t is minectomy STEOPOROSIS	SCREENING				

Is there any FAMILY HISTORY of:

gout	osteoporosis	stroke	LIST OTHERS:
osteoarthritis	thyroid disease	heart disease	
lupus (SLE)	Crohn's disease	multiple sclerosis	
psoriasis	fibromyalgia	cancer	

SOCIAL HISTORY:

Marital status	<u>Children</u> (ages)	Occupation	
J	vorced parated	retired homemaker unemployed	
		disability (because of)
Alcohol consum	nption	Cigarette Smoking	
Never	Seldom	No- never Quit years ago Occasional	
Occasional	Usually every day (type)	Yes packs / day for the last years	

REVIEW OF SYSTEMS

joint pain / swelling (where?)	YES	NO	vision loss	YES	NO
			cataracts	YES	NO
			glaucoma	YES	NO
			eye pain / redness	YES	NO
			dry mouth	YES	NO
nuscle pain (where?)	YES	NO	dry eyes	YES	NO
			frequent cavities	YES	NO
			swallowing difficulty	YES	NO
			fractures	YES	NO
nuscle weakness	YES	NO	loss of height: inches	YES	NO
orning stiffness	YES	NO			
			acid reflux / heartburn	YES	NO
lasting min hrs			stomach ulcers / bleeding	YES	NO
ain disrupting sleep	YES	NO	diarrhea / colitis	YES	NO
			constipation	YES	NO
itigue / malaise / lethargy	YES	NO			
oss of appetite	YES	NO	problems with urination	YES	NO
eight loss	YES	NO	kidney stones	YES	NO
eight gain	YES	NO	blood / protein in urine	YES	NO
ver	YES	NO	prostate trouble	YES	NO
ght sweats	YES	NO	sexual problems	YES	NO
			STD	YES	NO
eizures	YES	NO	menstrual problems	YES	NO
eadache	YES	NO	miscarriages	YES	NO
zziness	YES	NO			
<i>ersistent</i> numbness or	YES	NO	blood clot in the leg / lung	YES	NO
tingling in hands / feet			bleeding / bruising problems	YES	NO
			low blood / white cell count	YES	NO
kin rash	YES	NO			
air loss / bald spots	YES	NO	menopausal problems	YES	NO
ensitivity to the sun	YES	NO	sleep difficulty	YES	NO
outh / nose ulcers	YES	NO	irritable bowel syndrome	YES	NO
			depression	YES	NO
ough	YES	NO	anxiety	YES	NO
nortness of breath	YES	NO	memory problems	YES	NO
hest pain / pleurisy	YES	NO	concentration problems	YES	NO
nkle swelling / edema	YES	NO			
w pain	YES	NO	Raynaud's phenomenon	YES	NO
nearing loss	YES	NO	painful color changes in hands		
sore tongue	YES	NO	or feet precipitated by cold		