

**Rheumatology Associates of North Jersey
New Data Sheet**

To our new patients: Welcome to our practice.

Personal History

SS: _____ - _____ - _____ Date: _____

Last Name: _____ First Name _____ Date of Birth ___/___/___ Age _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Email address _____

Occupation _____ Employer _____

Employer Address _____

Medicare ID# _____ Secondary Insurance Company/ID# _____

Insurance Company _____ ID# _____ Group# _____

Primary Insured's Name _____

Date of Last Examination _____

Primary Doctor _____ Address _____ Phone # _____

Referred by: _____ Pharmacy and Phone # _____

Emergency Contact Name & Phone # (anyone who can reach you) _____

Authorization and Agreement

I authorize the release of any medical information necessary to process insurance claims. For federal benefits, I request payment either to myself or to the person who accepts assignment. I further agree to pay any legal or other fees entailed in the collection of any fees incurred through this office.

SIGN _____ **DATE** _____

MAIN PROBLEMS/ REASONS FOR THIS APPOINTMENT: (if possible, rank in terms of importance to you)

1. _____

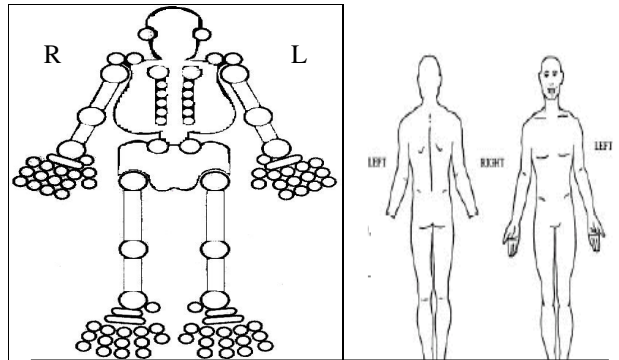
2. _____

3. _____

Previous treatment for this problem (physical therapy, surgery, injections, medications):

Please point to area(s) of difficulties:

Who have you seen for this problem?



Please point to area(s) of difficulty:

(Circle or fill in)

Main Problem

Location: _____

What does it feel like?: Dull, Ache, Sharp, Shooting, Numb, Tingling, P&N, Burning other _____

How severe is it?: Mild Moderate Severe other _____

It began with: Nothing significant Trauma other _____

It lasts: Seconds / Minutes / Hours / It is continuous It occurs: Occasionally / daily / all day / at night
/ Once a week / Once a month

How long has this been happening?: days weeks months years

It is helped with _____ It is worse with _____

PAST MEDICAL, SURGICAL & TRAUMA HISTORY

List prior Hospitalization, Surgery, and/or Trauma (list and dates)

Blood Transfusions (dates):

General Anesthesia:

PERSONAL AND FAMILY HISTORY

Check those that apply:

	Yourself	Mother	Father	Grandparents	Sister/ Brother	Children
Ankylosing Spondylitis						
Fibromyalgia						
Gout						
Lupus (SLE)						
Osteoarthritis						
Osteoporosis						
Psoriasis						
Rheumatoid Arthritis						
Other rheumatic disease (list)						

Please list previous treatments **you** have received for the above illnesses:

Check if positive:	Yes		Yes		Yes
Alzheimer's		Emphysema		Kidney Disease	
Anemia		Epilepsy		Liver Disease	
Anxiety		Glaucoma		Mental Illness	
Asthma		Heart Attack		Migraine/ Headaches	
Bleeding Disorder		Heart Trouble		Pneumonia	
Breast Cancer		Hepatitis (A/B/C)		Prostate Cancer	
Cancer (list)		High Blood Pressure		Stroke	
Cataract Removed? Y / N		High Cholesterol		Thyroid Disease	
COPD		Irritable Bowl Syndrome		Tuberculosis	
Depression		Inflammatory Bowl Disease (Crohn's/ Ulcerative colitis)		Ulcers	
Diabetes					

Other illnesses _____

Current medications and dose: _____

Allergies: Penicillin _____ Sulfa _____ Aspirin _____ Other _____

SOCIAL HISTORY (check those that apply):

Marital status: **Education level completed:**

Single high school Birthplace: _____

Married college

Divorced professional school

Widowed other: _____

Spouse's Name _____ No of children _____

Living arrangement:

Spouse Alone family roommate significant other

Children (Name): _____

LIFESTYLE / SELF-CARE ISSUES

Do you smoke cigarettes? YES NO If yes, for how many years? _____ Packs per day? _____

Did you ever smoke? YES NO If yes, when did you quit? _____

Do you drink alcohol? YES NO If yes, how much? Type _____ & _____ drinks per week

Do you use recreational drugs? YES NO If yes, which? _____

Do you exercise regularly? YES NO If no, why? _____

HEALTH SCREENING HISTORY

What is your height _____ What is your weight? _____

List the date of your most recent test or exam.

Mammogram _____ Pap Smear _____ Colonoscopy _____

Blood tests _____

Immunizations: Pneumovax _____ Prevnar (new pneumonia) _____ Flu shot _____ Shingles _____ New one? _____

Have you had a PPD placed recently (tuberculosis)? Yes No

Type of contraception _____ Number of Pregnancies _____

Osteoporosis Evaluation:

Personal/Family History

	Yourself	Mother	Father	Grandparents	Sister/ Brother	Children
Osteoporosis						

Age at First Period (approx.) _____ Last Period _____ Were they regular? _____ How many days apart? _____

Do you take calcium supplementation? _____ Type and dose: _____

If no, why not? _____

How was your intake when you were young (circle)? Good Average Poor

Have you ever taken (circle): Fosamax Actonel Boniva Forteo Miacalcin Evista Estrogen Replacement Therapy

Last Bone Density Test: _____ **Results (circle):** Normal / Osteopenia / Osteoporosis

Have you had a fracture since age 35? _____ What did you break? _____

How did it happen? _____

History of (circle)??: Anorexia Bulimia Extended time without menstrual cycle Men: Impotence? _____

REVIEW OF SYSTEMS

Check any symptoms that **currently** apply to you:

<u>Constitutional</u>		<u>Cardiovascular</u>		<u>Skin</u>	
Poor appetite		Chest pain		Easy bruising	
Fevers		Fingers turn blue/white in cold		Dry skin	
Chills		Murmurs		Rash	
Weight loss		Palpitations		Hives	
Weight gain		Leg swelling		Sensitivity to sunlight	
Fatigue - worse recently				Skin tightness	
Fatigue – for many years				Hair loss	
Night sweats				Nodules	
Eyes					
<u>Eyes</u>		<u>Lungs:</u>		<u>Neurological</u>	
Pain		Shortness of breath		Memory loss	
Double or Blurry vision		Cough		Headache	
Loss of vision		Wheezing		Dizziness	
Dryness				Burning pain	
Itching				Specific area of weakness	
Ear, Nose, Mouth, Throat					
<u>Ear, Nose, Mouth, Throat</u>		<u>Gastrointestinal</u>		<u>Psychiatric</u>	
Ulcers:	Mouth	Nausea		Excessive worries	
	Nose	Vomiting		Anxiety	
Nosebleeds		Stomach pain		Mood swings	
Trouble with taste/smell		Jaundice			
Dryness	Mouth	Diarrhea			
	Nose	Bloody stool			
		Heartburn			
Genitourinary					
<u>Genitourinary</u>		<u>Musculoskeletal</u>		<u>Hematological</u>	
Painful urination		Muscle weakness		Blood clot	
Blood in urine		Muscle tenderness		Swollen glands	
Penis/vagina discharge		Joint aching		Bleeding tendency	
Vaginal dryness		Joint swelling			
Rash/ulcers		Morning stiffness: How long _____ minutes			
Prostate trouble		Joint swelling:		Are you “double jointed” i.e. More flexible than others?	
Pelvic pain		where? _____			

IF NOT NOTED IT IS NEGATIVE, NON-CONTRIBUTORY, AND/OR NON-PERTINENT.

This history record has been designed to facilitate our patient’s continuity of care at Rheumatology Associates. This is a confidential record and will be kept in this facility. Information contained here will not be released to anyone without your authorization to do so.

Patient/Guardian signature

Date

Physician Signature

Date

RHEUMATOLOGY ASSOCIATES OF NORTH JERSEY, P.A.

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What is a Rheumatologist?

A rheumatologist is an internist or pediatrician who is qualified by additional training and experience in the diagnosis and treatment of arthritis and other diseases of the joints, muscles and bones. Many rheumatologists conduct research to determine the cause and better treatments for these disabling and sometimes fatal diseases.

What kind of training do rheumatologists have?

After four years of medical school and three years of training in either internal medicine or pediatrics, rheumatologists devote an additional two to three years in specialized rheumatology training. Most rheumatologists who plan to treat patients choose to become board certified. Upon completion of their training, they must pass a rigorous exam conducted by the American Board of Internal Medicine to become certified.

What do rheumatologists treat?

Rheumatologists treat arthritis, certain autoimmune diseases, musculoskeletal pain disorders and osteoporosis. There are more than 100 types of these diseases, including rheumatoid arthritis, osteoarthritis, gout, lupus, back pain, osteoporosis, fibromyalgia and tendonitis. Some of these are very serious diseases that can be difficult to diagnose and treat.

When should you see a rheumatologist?

If musculoskeletal pains are not severe or disabling and last just a few days, it makes sense to give the problem a reasonable chance to be resolved. However, sometimes pain in the joints, muscles or bones is severe or persists for more than a few days. At that point, you should see your physician.

Many types of rheumatic diseases are not easily identified in the early stages. Rheumatologists are specially trained to do the detective work necessary to discover the cause of swelling and pain. It's important to determine a correct diagnosis early so that appropriate treatment can begin early. Some musculoskeletal disorders respond best to treatment in the early stages of the disease.

Because some rheumatic diseases are complex, one visit to a rheumatologist may not be enough to determine a diagnosis and course of treatment. These diseases often change or evolve over time. Rheumatologists work closely with patients to identify the problem and design an individualized treatment program.

How does the rheumatologist work with other health care professionals?

The role the rheumatologist plays in health care depends on several factors and needs. Typically, the rheumatologist works with other physicians, sometimes acting as a consultant to advise another physician about a specific diagnosis and treatment plan. In other situations, the rheumatologist acts as a manager, relying upon the help of many skilled professionals including nurses, physical and occupational therapists, psychologists and social workers. Team work is important, since musculoskeletal disorders are chronic. Health care professionals can help people with musculoskeletal diseases and their families cope with the changes the diseases cause in their lives.

Why see a specialist?

A rheumatologist is specially trained to spot clues in the medical history and physical examination. The proper tests done early, diagnosis and specially tailored treatment often save money and buy time in treating the disease.

RHEUMATOLOGY ASSOCIATES OF NORTH JERSEY, P.A.

(201) 837-7788 • Fax (201) 837-2077

Dear _____:

Your appointment is scheduled for _____ at _____. Please arrive **15 minutes prior to your appointment** time

Attached to this letter you will find: directions to our office, patient information sheet, notice of privacy practice acknowledgement form and a health history questionnaire.

In order to help Doctor _____ get acquainted with your Medical History, please:

- **Complete** the enclosed Health History Questionnaire, Patient Information Sheet and Notice of Privacy Practice Acknowledgement Form and bring it with you at the time of your visit.
- Bring a list of **ALL** your Current Medications.
- Bring any **RECENT** blood work results, x-ray reports and/or bone density scan (**pictures**), if available, that are related to the reason you are seeing the doctor.
- Bring your **INSURANCE CARDS**.

To avoid any inconvenience, please check with your insurance company to see if a **REFERRAL** from your Primary Care Physician is required **before** you are seen in our office. If a referral is required, **it is your responsibility to obtain the referral** and bring it with you at the time of your visit. **Without a valid referral, you are RESPONSIBLE for the bill.** Co-pays are expected at the time of visit.

Appointments are confirmed 48 hours in advance. We will make every attempt to reach you. However, if we are unsuccessful in our attempts, and have not received confirmation 24 hours in advance, the office will be forced to cancel your appointment. Confirmation messages as well as cancellations can be left with our answering service.

We look forward to meeting you and providing you with excellent medical care. If you have any further questions, please do not hesitate to call our office at (201) 837- 7788.

Thank you

Office Staff