

# Shore Physicians Group- Rheumatology

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Name: \_\_\_\_\_ Date of Appt.: \_\_\_\_\_  
Name of Primary Care Physician: \_\_\_\_\_ Did this Dr. Refer you? \_\_\_\_\_  
If not, who referred you to this office? \_\_\_\_\_  
What are your present symptoms? \_\_\_\_\_  
What other Doctors do you see, and why? \_\_\_\_\_  
\_\_\_\_\_

### List your medical history:

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### Year and type of prior surgeries/ fractures:

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### Rheumatic (Arthritis) History:

Please check if you or a blood relative  
have had any of the following (please  
specify yourself or relative)

Arthritis: \_\_\_\_\_  
Osteoarthritis: \_\_\_\_\_  
Rheumatoid Arthritis: \_\_\_\_\_  
Gout: \_\_\_\_\_  
Lupus or "SLE" \_\_\_\_\_  
Ankylosing Spondylitis: \_\_\_\_\_  
Childhood Arthritis: \_\_\_\_\_  
Osteoporosis: \_\_\_\_\_  
\_\_\_\_\_

Any prior blood transfusions? (List year and reason) \_\_\_\_\_  
Any broken bones? (List year and location) \_\_\_\_\_

### List any *family members* that have the following

Heart Disease _____	High Blood Pressure _____	Stroke _____
Cancer _____	Kidney Disease _____	Diabetes _____
Osteoporosis _____	Psoriasis _____	Lupus _____
Scleroderma _____	Rheumatoid Arthritis _____	Gout _____
Bleeding tendency _____	Rheumatic Fever _____	Colitis _____
Leukemia _____	Asthma _____	Goiter _____
Alcoholism _____	Epilepsy _____	Tuberculosis _____
# of Sisters _____	# of Brothers _____	# of Children _____
Other _____	Other _____	Other _____

