



6. Do you have any ALLERGIES to Medications? YES  NO

a. If YES, please list the medication and describe what happens?

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

7. Do you SMOKE cigarettes? Never  Used to, but quit  Yes, still do

- a. Number of years smoked: \_\_\_\_\_
- b. Number of packs smoked per day: \_\_\_\_\_

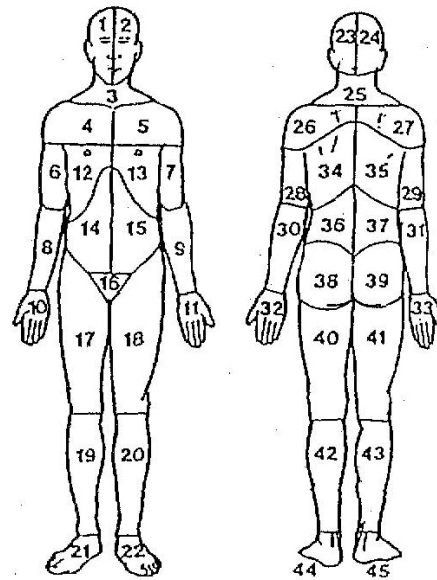
8. Do you drink Alcohol? Never  Yes

- a. Number of drinks per week: \_\_\_\_\_

9. Do any of your immediate family or distant family relatives have any of the following?

- Rheumatoid Arthritis
- Lupus
- Gout
- Blood clots
- Raynaud's Phenomenon
- Osteoarthritis
- Other types of Arthritis
- Psoriasis
- Cancer
- Bleeding problems
- Low Back Pain
- Osteoporosis
- Heart Disease
- Fibromyalgia
- Diabetes

10. Please shade in the following diagram to show where you have had pain over the past month.



Thank-You for completing the questionnaire, DO NOT WRITE BELOW THIS LINE

History of Presenting Illness

**Previous Investigations**

**Previous Treatment**

**Rheumatologic & General Review of Systems**

- Weight       Appetite       Sleep       Fatigue/Energy       AM Stiffness
- Nodules / Nodes       Raynaud's       Dry Eyes       Dry Mouth       Iritis       Conjunctivitis       Psoriasis or FH
- LBP / FH LBP       IBD       Prodromal Illness       Dactylitis       Enthesitis       Carpal Tunnel
- Oral / Nasal Ulcers       Alopecia       **CNS**       Malar Rash       Other Rashes       Photosensitivity
- Pleurisy       Miscarriages       Thrombosis       **HTN**
- FH Gout       Diuretics       Dyslipidemia       Diet       Renal Stones
- Heart (CAD)**       **Lungs (SOB)**       **Kidneys**       **Liver**       **Bowels (PUD)**

*Vertebral Compression Fracture     Fragility Fracture after Age 40     Family Hx of Osteoporotic Fracture     Steroids (> 3 months)  
 Malabsorption     Hyperparathyroidism     Propensity to fall     Osteopenia on radiographs     Hypogonadism     Hyperthyroidism  
 Anticonvulsant therapy     Low Ca intake     Smoker     Alcohol     Weight < 57 kg or Wt loss > 10*

**Physical Examination**

**VITALS**

*Pulse* *BP (R)* *BP(L)* *Height* *Weight* *Temp*

**H&N** (*inspection of hair & scalp, eyes, mouth, thyroid*)

Normal  Comment: \_\_\_\_\_

Abnormal  \_\_\_\_\_

**LYMPH NODES** (*palpation*)

Normal  Comment: \_\_\_\_\_

Abnormal  \_\_\_\_\_

**SKIN & NAILS** (*inspection for thickening, rashes, nodules, telangiectasia, livedo, vasculitic changes*)

Normal  Comment: \_\_\_\_\_

Abnormal  \_\_\_\_\_

**CVS** (*heart sounds, murmurs, rhythm, edema, peripheral vascular exam*)

Normal  Comment: \_\_\_\_\_

Abnormal  \_\_\_\_\_

**CHEST** (*auscultation, percussion*)

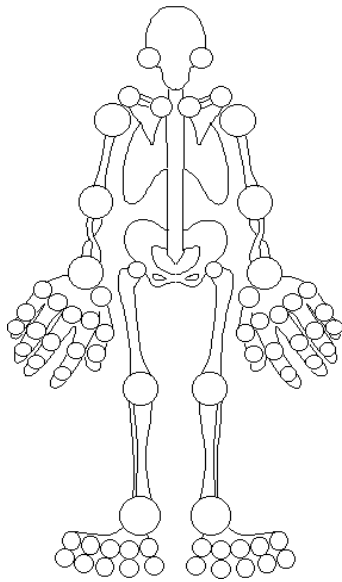
Normal  Comment: \_\_\_\_\_

Abnormal  \_\_\_\_\_

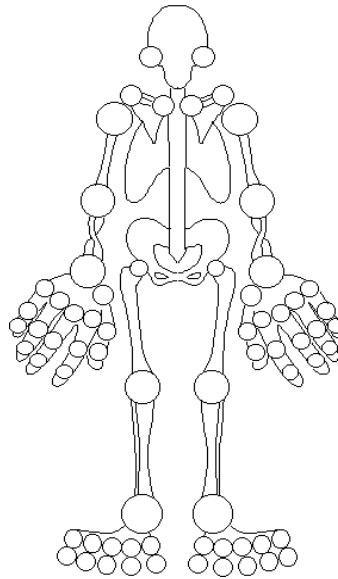
**ABD** (*auscultation, palpation, percussion*)

Normal  Comment: \_\_\_\_\_

Abnormal  \_\_\_\_\_



Tender



Swollen / Damaged

C-Spine

T-Spine

L-Spine

**Mod Schober** \_\_\_\_\_ (20) cm

**Fingertip to Floor** \_\_\_\_\_ cm

**RLF** \_\_\_\_\_ cm    **LLF** \_\_\_\_\_ cm

**CE** \_\_\_\_\_ cm    **OWD** \_\_\_\_\_ cm

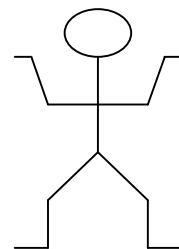
**FMTF**

**Anterior** = \_\_\_\_\_ / 6

**Posterior** = \_\_\_\_\_ / 6

**Inferior** = \_\_\_\_\_ / 6

**TOTAL** = \_\_\_\_\_ / 18



**IMPRESSION**

**PLAN**