



Dr. Christopher Adams Dr. Zarmeena Ali
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NEW PATIENT INTAKE FORM

NAME: _____ DOB: _____ GENDER: _____

Chief Complaint:

Reason why you are here to see the rheumatologist

Have you been given a rheumatoid diagnosis in the past? If yes, what diagnosis?

Past medical history and Family history. Have you or anyone in your family been diagnosed with the following:

Diagnosis	You were diagnosed with:	Family member diagnosed with:	If family member diagnosed, what relation to you?
Cancer			
Thyroid disease			
Hypertension			
Heart Disease			
Diabetes			
Lung issues			
Kidney disease			
Stomach and liver issues			
Psoriasis			
Blood disorders			
Tuberculosis			
Chronic Infections			

Has there been Immune system disorders in any of your family members (Rheumatoid Arthritis, Lupus, Scleroderma) or Arthritis?

Women: Are you post menopause, pre menopause or currently going through menopause? _____

Please list Last Menstrual period (if pre menopause) _____ Number of pregnancies _____

Number of Live births _____ Miscarriages _____ Abortions _____

