Tulsa Bone & Joint Rheumatology Questionnaire

Please Fill out ALL information to the best of your knowledge

Name:_____ Age:_____ Date of Birth:_____

Occupation:_____ Ethnic Background:_____

Who referred you to this office?_____ Primary Physician?_____

Chief Complaint:(summarize your reason for visit)_____

_____

_____

_____

What Surgeries have you had?

Procedure	Approx. Year
OAppendectomy	
OHysterectomy	
OGall Bladder	
OTonsillectomy	
OHernia Repair	
OBack surgery	

What Medical Problems do you have?

OAsthma	OReflux/heartburn
OHypertension	OUlcer
ODiabetes	OGI Bleeding
OHigh Cholesterol	OIrritable Bowel
OCancer	
OLow Thyroid	
ODepression	

Other surgeries:

Other medical problems:

Allergies or Intolerable side effects to medications!

Medication	Reaction

Medications you currently take

Including OTC	Dose(mg)	How Often

Do you smoke? OYes ONo OQuit

If yes how many packs per day?_____

Do you drink alcohol? OYes O No O Quit

What is your marital status:

OSingle OMarried OWidow ODivorced