2119 East South Boulevard
Montgomery, AL 36116
(334) 613-7070

Rheumatology
2119 East South Blvd.
1st Floor
Montgomery, AL 36116
Phone: 334-613-7070

NEW PATIENT APPOINTMENT – RHEUMATOLOGY

_____, you have an appointment with

☐ Dr. Gadea ☐ Dr. Ruiz on

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

_____ at _____ AM PM.

Please bring all of your medications with you to your appointment.
You **must** arrive 30 minutes prior to your appointment.

If you are not able to make this appointment, please call 334-613-7070 as soon as possible. You must arrive 30 minutes to your appointment to ensure we are able to see you. Please know your appointment may be rescheduled if you do not arrive on time. On the day of your appointment, please bring the following items with you:

- **Enclosed Paperwork – Please complete all of the enclosed paperwork prior to arriving for your appointment.**
- **Photo identification card.**
- **Co-pay**
- **Insurance Card.**
- **Medication bottles: Please bring the actual bottles for all medications you are currently taking.**

We look forward to seeing you for your appointment.

**** All co-pays are due prior to services rendered****

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NEW PATIENT INFORATION FORM

Helpful Information

Directions

The UAB Multispecialty Clinic is located on the campus of Baptist Medical Center South. The UAB building is a three-story building located on the right (east) side of the campus, across from the Emergency Room ambulance bays.

When you come for your appointment:

- Bring all of your medication in their original containers.
- Bring your insurance card and driver's license or other identification.
- Plan to arrive at least 30 minutes before your appointment time.
- Don't forget to bring these completed forms with you.

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PATIENT NAME: _____

PRIMARY CARE PRIVODER NAME: _____

PLEASE CHECK BOXES NEXT TO SYMPTOMS THAT YOU HAVE EXPERIENCED IN THE LAST 12 MONTHS.

	General
	weight loss _____lbs
	weight gain _____lbs
	fever
	night sweats
	fatigue

	Eye/Mouth
	recent vision change
	hoarse voice
	dry mouth
	mouth sores

	Lungs
	shortness of breath
	wheezing
	cough

	Heart
	chest pain
	leg swelling
	palpitations

	Digestive/Genitourinary
	nausea
	vomiting
	Diarrhea
	difficulty urinating
	frequent urination
	blood in urine
	genital ulcers/rash

	Blood
	easy bleeding/bruising
	previous blood clots

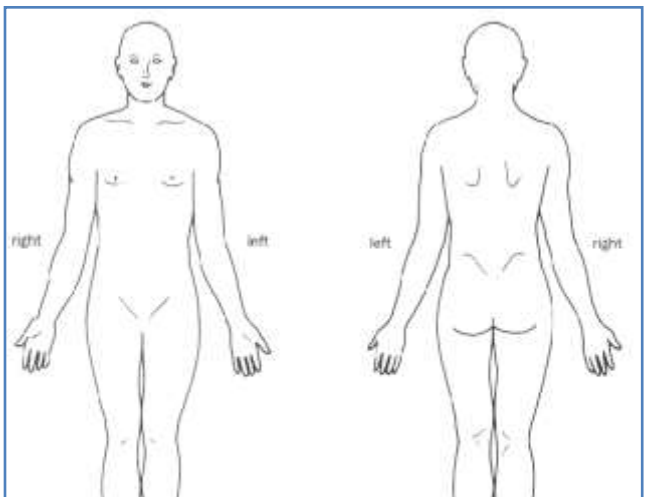
	Nervous System
	headaches
	numbness/tingling in hands/feet
	weakness

	Skin
	rash
	nodules/bumps
	hair loss: ___years ___months
	purple/white color changes on tips

	For Women Only
	regular period ❑ irregular period ❑
	period, every _____ days
# of pregnancies ___ # of miscarriages ___	
menopause at age _____	
Birth control: ❑ none ❑ IUD ❑ pills ❑ tubal	

********** IF NO JOINT PAIN, SKIP THIS SECTION **********

Mark areas of PAIN that you have on the diagram using SHADING .



PAIN HISTORY	
Pain began	___ years ___ months ___ weeks
Pain Quality	Dull ❑ Sharp ❑ Shooting ❑ Burning ❑ Throbbing ❑
Frequency	Constant ❑ intermittent ❑
Joint swelling	No ❑ yes ❑
Joint stiffness	None ❑ All day ❑ Morning (lasts min __ Hr__)

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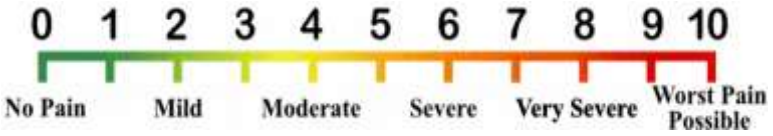
Mark on the line the AVERAGE level of your pain in the past week:



PREVIOUS TREATMENT / INJECTIONS FOR PAIN		
Joint _____ month-year _____	Joint _____ month-year _____	
Joint _____ month-year _____	Joint _____ month-year _____	
Previous Epidural Injections	cervical month-year _____	lumbar month-year _____
Previous Physical Therapy ❑	acupuncture ❑ massage therapy ❑	Chiropractor _____

MEDICATION ALLERGIES If you have no medication allergies, please check here: ❑

Medication	Reaction	Medication	Reaction

PAST MEDICAL HISTORY – Please mark the conditions that you have.

	Osteoarthritis		Psoriasis/psoriatic arthritis		Hepatitis		Kidney disease
	Diabetes		Rheumatoid arthritis		Gout		Anemia
	Heart problems		High blood pressure		Asthma		High cholesterol
	Lupus or "SLE"		Cancer (type) _____		Stroke		Hypothyroidism
	Osteoporosis		Stomach or peptic ulcer		Cataracts		Positive PPD
	Fibromyalgia		Fractures: sites _____				

OTHER SIGNIFICANT ILLNESSES _____

IMMUNIZATIONS (year) Influenza (Flu) ❑ ____ Prevnar-13 ❑ ____ Pneumovax ❑ ____ Hepatitis ❑ ____ Shingles ❑ ____

PAST SURGICAL HISTORY – Please mark the surgeries that you have had and the date/year you had the surgery.

	Appendectomy		Coronary artery bypass surgery or coronary artery stent
	Cholecystectomy (Gallbladder)		Oophorectomy (ovaries removed: ❑ left ❑ right ❑ both)
	Thyroidectomy (Thyroid removed)		Knee replacement (❑ left ❑ right ❑ both)

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	Hysterectomy (year _____)		Hip replacement (❑ left ❑ right ❑ both)
	Colonoscopy (year _____)		Knee arthroscopic surgery (❑ left ❑ right ❑ both)
	Gastric bypass surgery		Other surgeries:

FAMILY HISTORY

Condition now or in the past	MOTHER	FATHER	BROTHER	SISTER	DAUGHTER	SON	GRANDPARENT
Arthritis (indicate type)							
Cancer (indicate type)							
Diabetes							
Gout							
Heart disease							
High blood pressure							
Lupus							
Psoriasis							
Tuberculosis							

SOCIAL HISTORY

	Never married		Married		Separated		Divorced		Widowed		Partnered/significant other

	Highest level of school:		Never smoked.
	Current employment/job:		tobacco chewing
	Retired; previous occupation:		Current smoker: # years ___ # cigarettes per *week:*
	Disability; reason:		Former smoker: # years ___ year when you quit:
	Alcohol use; # drinks per week:		Substance abuse: type _____ # years ___ year when you quit:

CURRENT MEDICATIONS (Please bring medication list if unable to list all medications below)

Prescription Medications	Dosage or Strength Examples: 500 mg, 25 mg/mL, etc.	Route Examples: by mouth, patch, injection, etc.	Frequency (How often you take medication) Examples: twice a day, every 2 hours, etc.

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OTHER MEDICAL CARE: Please list any specialists that you are seeing.

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Name of Physician	Specialty	City

Pharmacy Name:_____ **Address:**_____

PLEASE CIRCLE ANY MEDICATIONS USED IN THE PAST				
Acetaminophen	Tylenol	Duloxetine (Cymbalta)	Baclofen	Hydrocodone / Norco / Vicodin
Meloxicam	Mobic	Gabapentin(Neurontin)	Carisoprodol (Soma)	Morphine / Fentanyl patches
Naproxen	Aleve	Lyrica	Cyclobenzaprine (Flexeril)	Oxycodone / Percocet
Celebrex	Motrin	Savella	Methocarbamol (Robaxin)	Other :
Ibuprofen	Advil	Tramadol	Tizanidine (Zanaflex)	_____
Diclofenac	Voltaren	Amitriptyline		_____

Arava / Leflunomide	Plaquenil / Hydroxychloroquine	***Injectables***: Enbrel ❑ Humira ❑ Cimzia ❑ Prolia ❑
Cellcept / Mycophenolate	Cytoxan /Cyclphosphamide	Actemra ❑ Orencia ❑ Stelara ❑ Cosentyx ❑
Imuran / Azathioprine	Rituxan / Rituximab	***Infusions:*** Remicade ❑ Actemra ❑ Orencia ❑
Methotrexate	Otezla	Simponi Aria ❑ Benlysta ❑ Reclast ❑

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