

SCRANTON ORTHOPAEDIC SPECIALISTS, P.C.

EUGENE P. GRADY, M.D.

RHEUMATOLOGY

HISTORY (Page 1)

Name: _____

Today's Date: _____

Address: _____

Phone: _____

SS#: _____ Date of Birth: _____

Age: _____

Height: _____

Weight: _____

Referring MD or Person: _____ Send Report? _____

Other physicians who treat you: _____

CURRENT MEDICATIONS AND DOSE OF EACH IF KNOWN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATION ALLERGIES: _____

PAST MEDICAL HISTORY: (List of current and prior illnesses) _____

PRIOR SURGERY _____

CHIEF COMPLAINT: Why are you seeing the doctor today _____

FAMILY HISTORY:

_____ Rheumatoid arthritis	_____ Crohns disease	_____ Heart Disease
_____ Lupus	_____ Ulcerative colitis	_____ Diabetes
_____ Scleroderma	_____ Ankylosing Spondylitis	_____ Thyroid problems
_____ Psoriasis	_____ Sarcoidosis	_____ Other
_____ Fibromyalgia	_____ Gout	

Reviewed by: _____ MD

Date _____

Name: _____

Today's Date: _____

Social History

____ Employed (occupation)_____ _____ Work in the home _____ Student

____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Children No Yes# _____

Exercise _____ Daily _____ Weekly _____ Monthly _____ Rarely _____ Never

What type of exercise _____

History of substance abuse: No Yes What? _____

Tobacco Use: _____ Currently _____ amount per day
 _____ Past _____ When did you quit?

Drink alcohol: _____ Daily _____ 1-2X week _____ 1-2X month _____ 1/2x year

Review of Systems

Check if you are currently having or have had problems:

- | | | |
|-----------------------|------------------------|-------------------------|
| _____ Headaches | _____ Short of breath | _____ Fatigue |
| _____ Visual problems | _____ Chest discomfort | _____ Sleep problems |
| _____ Dry eyes | _____ Constipation | _____ Loud snorer |
| _____ Dry mouth | _____ Loose stools | _____ Depression |
| _____ Canker sores | _____ Weight gain | _____ Anxiety |
| _____ Hair loss | _____ Weight loss | _____ Numbness/tingling |
| _____ Rash | _____ Kidney stones | _____ Cold hands |

I certify that the above information is true and correct.

Signed _____ Date _____

Reviewed by: _____ MD Date _____

EUGENE P. GRADY, M.D.

Rheumatology
Arthritis and Musculoskeletal Medicine
SCRANTON ORTHOPAEDIC SPECIALISTS P.C.
334 MAIN STREET, DICKSON CITY, PA 18519
(570) 307-1767 FAX (570) 307-1770

Dear _____,

You are scheduled for an appointment in this office on _____.

Since most rheumatologic conditions are complex, a detailed history is essential to your optimal care. Enclosed you will find a medical history form to complete and bring with you to your appointment.

Additionally, please bring all of the following information with you for your scheduled appointment. **DO NOT** rely on this information being sent to us by your referring physician.

- Y **LABORATORY RESULTS FROM THE PAST 12 MONTHS**

- Y **X-RAYS**
 Reports of chest x-rays and other x-rays
 Actual copies of films of bones and joints

- Y **REPORTS ONLY** of other imaging studies (i.e., MRI, CAT scan, bone scan, DEXA scan).

- Y **Notes from other consultants/physicians you have seen.**

You will also need to bring your insurance card and a referral if you are a managed care participant.

Please bring these forms and the above records with you at the time of your appointment.

Directions to our office: Exit 190 off Route 81, make right, office is .3 miles on right.

Sincerely,

EUGENE P. GRADY, M.D.

UPDATE FOR FOLLOW UP RHEUMATOLOGY PATIENTS

PLEASE LIST YOUR CURRENT MEDICATIONS:

NAME OF MEDICATION	DOSE	HOW OFTEN TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____