

**Pinehurst Medical Clinic Rheumatology New Patient Health Questionnaire**

To make your first visit more personal and comprehensive, please assist the provider in gathering the necessary information to aid in your health treatment plan. Filling this out thoughtfully ahead of time will limit delays in the waiting room.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is your health good in general?  Yes  No

What are your current major medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being treated by another healthcare provider currently? If yes, please list below:

\_\_\_\_\_  
\_\_\_\_\_

What medical conditions have you been treated for at any time?

Condition	Date of Onset	Condition	Date of Onset
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

What surgeries have you had?

Surgery	Approximate Date
1.	
2.	
3.	
4.	
5.	

Office use only – MRN# \_\_\_\_\_

What prescriptions are you taking? (Please bring bottles to your appointment)

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What over-the-counter medicines, vitamins, & other products do you use for your health?

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List any allergic reactions you have had to medicine:

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*Family History*

<b>Relative</b>	<b>Living? (Y/N)</b>	<b>Health Problems</b>
Mother		
Father		
Siblings		
Children		
Other		

Do you have a family history of: (Check any that apply)

- Arthritis       Osteoporosis       Lupus       Autoimmune Disorder

*Social History*

Marital Status:       Married       Single       Divorced       Widowed

Do you have any children?

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What type of work do you (or did you) do?

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List any particular hobbies:

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Have you ever smoked?

**If yes:** How many packs per day? \_\_\_\_\_ How many years? \_\_\_\_\_

Do you smoke pipes or cigars?  Yes  No

Have you ever quit smoking or tried to quit? If yes, when?

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Do you use alcohol at present?

**If yes:** How many drinks per week? \_\_\_\_\_ What type of alcohol? \_\_\_\_\_

What time of day? \_\_\_\_\_

**If no:** Have you ever drank? \_\_\_\_\_

Do you exercise regularly?  Yes  No

Describe:

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Do you use intravenous or street drugs?  Yes  No

Do you handle blood or blood products?  Yes  No

What type of diet do you maintain?

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