**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23206 Lyons Avenue, Suite 106

Santa Clarita, CA 91321

(661) 505-9901 (Tel)

(661) 505-9902 (Fax)

Calirheum.com

**Please list your allergies:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**Please list your medical conditions (e.g. high blood pressure, diabetes, rheumatoid arthritis, etc.):**

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**Please list all of your previous surgeries:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery | Date | Surgery | Date |
|  |  |  |  |
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**Please check if a blood relative was diagnosed with any of the following conditions:**

|  |  |
| --- | --- |
|  | Please indicate which relative |
| **□ Rheumatoid arthritis** |  |
| **□ Crohn’s disease** |  |
| **□ Sjogren’s syndrome** |  |
| **□ Scleroderma** |  |
| **□ Psoriatic arthritis** |  |
| **□ Ankylosing spondylitis** |  |
| **□ Lupus** |  |
| **□ Sarcoidosis** |  |
| **□ Ulcerative colitis** |  |
| **□ Another autoimmune** **disease:** |  |

**Please check the applicable boxes:**

**Tobacco smoker**

**□ Currently (**\_\_\_ **packs/day)**

**□ Former (Started smoking at age:** ­­­\_\_\_ **and quit at age** \_\_\_**)**

**□ Never**

**Alcohol use**

 **□ Daily □ A few times a week □ A few times a month □ Rare □ Never**

**Illicit drug use**

 **□ Within the last six month – Which drugs?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **□ In the past – Which drugs?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□ Never**

**Tattoos: □ YES □ NO**

**Blood transfusions: □ YES □ NO**

**Sexually transmitted diseases: □ YES □ NO If yes, which?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of pregnancies:** \_\_\_ **# of miscarriages:** \_\_\_ **# of abortions:** \_\_\_ **#Ectopic pregnancies** \_\_\_

**Employed: □ YES □ NO**

**Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MEDICATION** | **DOSE** | **HOW OFTEN TO YOU TAKE THE MEDICATION?** |
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