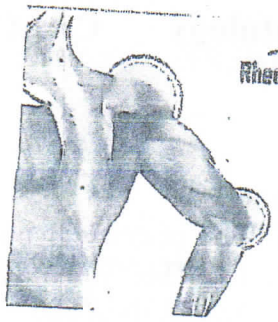

Rheumatology Care Center
3951 Broadway, Ste A
Newtown Square PA
19073
Dr. Thais Moldovan, MD
Rheumatologist
Phone: 484-328-3336
Fax: 484-422-8131

Patient Information

Thank you for filling out completely and welcome to Rheumatology Care Center

Name: _____
Home Address: _____
_____
_____
Email: _____
Birth Date: _____

SS#: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Emergency Contact: _____
Emergency Phone: _____

Left or Right Handed: _____

Referring Physician: _____
Phone: _____

Address: _____
_____
_____

Primary Care Physician: _____
Phone: _____

Address: _____
_____
_____

Insurance Carrier: _____
Policy Holder: _____
Date of Birth of Subscriber: _____

Policy #: _____
SS # of Policy Holder: _____

Pharmacy Name: _____
Pharmacy #: _____

Pharmacy Address:
_____
_____

Family History (ie Osteoarthritis, Rheumatoid Arthitis, Lupus)

_____
_____
_____
_____
_____
_____

Social History (please check all that apply):

Cigarette Smoking
- ☐ Never Smoked
- ☐ Quit: former smoker
- ☐ Smokes less than daily
- ☐ Smokes daily

packs per day_____

Alcohol Use
- ☐ Do not drink alcohol
- ☐ Less than 1 drink a day
- ☐ 1-2 drinks a day
- ☐ 3 or more drinks a day

Exercise Frequency
- ☐ Several times a day
- ☐ Once a day
- ☐ Few times a week
- ☐ Few times a month
- ☐ Never
- Other

Medications (please list all current medications or check option which applies):

- I brought a copy of my medication list (please provide the list to the front desk receptionist)
- Not currently taking any medications

Medication Name	Dosage	# times dosage taken per day

Allergies (please list all known allergies or check option which applies):

- I brought a copy of my allergy list (please provide the list to the front desk receptionist)
- No known allergies

Allergy Type	Please describe allergic reaction severity & symptoms

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Past Medical History (please check all that apply):

- ☐ Anemia, Chronic
- ☐ Anxiety
- ☐ Asthma
- ☐ Atrial fibrillation
- ☐ Breast Cancer
- ☐ Chronic Pain
- ☐ Colon Cancer
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes, Insulin Dependent
- ☐ Diabetes, Non Insulin Dependent
- ☐ End Stage Renal Disease
- ☐ GERD
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ High Cholesterol
- ☐ Hyperparathyroidism
- ☐ Hypertension
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Multiple Myeloma
- ☐ Obesity, Morbid
- ☐ Obesity
- ☐ PBPH
- ☐ Prostate Cancer
- ☐ Radiation Therapy
- ☐ Seizures
- ☐ Stroke
- ☐ **None**
- ☐ Other_____

Past Surgeries (please check all that apply):

- ☐ Appendix (Appendectomy)
- ☐ Bladder Removed
- ☐ Breast Biopsy
- ☐ Breast: Mastectomy
  ○Right ○Left ○Both
- ☐ Breast: Lumpectomy
  ○Right ○Left ○Both
- ☐ Colectomy: Colon Cancer Resection
- ☐ Colectomy: Diverticulitis
- ☐ Colectomy: IBD
- ☐ Colon: Colostomy
- ☐ Gallbladder Removal
- ☐ Heart: Biological Valve Replacement
- ☐ Heart: Coronary Artery Bypass Surgery
- ☐ Heart Transplant
- ☐ Heart: Mechanical Valve Replacement
- ☐ Heart: PTCA
- ☐ Kidney Biopsy
- ☐ Kidney Stone Removal
- ☐ Kidney Transplant
- ☐ Liver: Hepatectomy
- ☐ Liver: Liver Transplant
- ☐ Liver: Shunt
- ☐ Ovaries Removed: Endometriosis
- ☐ Ovaries Removed: Ovarian Cancer
- ☐ Ovaries Removed: Ovarian Cyst
- ☐ Ovaries: Tubal Ligation
- ☐ Pancreas: Pancreatectomy
- ☐ Prostate Biopsy
- ☐ Prostate Removed: Prostate Cancer
- ☐ Prostate Removed: TURP
- ☐ Rectum: APR
- ☐ Rectum: Low Anterior Resection
- ☐ Skin: Basal Cell Carcinoma
- ☐ Skin: Melanoma
- ☐ Skin Biopsy
- ☐ Skin: Squamous Cell Carcinoma
- ☐ Spleen Removal
- ☐ Testicles Removal
- ☐ Hysterectomy: Fibroids
- ☐ Hysterectomy: Uterine Cancer
- ☐ Hysterectomy: Cervical Cancer
- ☐ **None**
- ☐ Other_____

Rheumatologic History (please check all that apply):

- ☐ Ankylosing Spondylitis
- ☐ DISH
- ☐ Fibromyalgia
- ☐ Gout
- ☐ Inflammatory Bowel Disease
- ☐ Mixed Connective Tissue Disease
- ☐ *Osteoarthritis*
- ☐ Osteopenia
- ☐ Osteoporosis
- ☐ Pseudogout
- ☐ Psoriatic Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Sceleroderma
- ☐ Scoliosis
- ☐ Sjogren's Syndrome

Rheumatology Care Center

- ☐ Systemic Lupus (SLE)
- ☐ Spinal Stenosis, Cervical
- ☐ Spinal Stenosis, Lumbar
- ☐ Vertebral Compression Fracture
- ☐ Vitamin D Deficiency
- ☐ None
- ☐ Other_____

Past Musculoskeletal Surgery (please check all that apply):

- ☐ Carpal Tunnel Decompression
  ○Right ○Left ○Both
- ☐ Distal Radius ORIF
  ○Right ○Left ○Both
- ☐ Joint Replacement: Hip
  ○Right ○Left ○Both
- ☐ Joint Replacement: Knee
  ○Right ○Left ○Both
- ☐ Joint Replacement: Shoulder
  ○Right ○Left ○Both
- ☐ Knee Arthroscopy
  ○Right ○Left ○Both
- ☐ Kyphoplasty/Vertebroplasty
- ☐ Lumbar Spine Surgery: Decompression
- ☐ Lumbar Spine Surgery: Decompression & Fusion
- ☐ Lumbar Spine Surgery: Disc Replacement
- ☐ Rotator Cuff Repair
  ○Right ○Left ○Both
- ☐ Other_____

Review of Systems* (check if you are currently experiencing any of the following):

- ☐ Problems with bleeding
- ☐ Problems with scarring
- ☐ Rash
- ☐ Chest Pain
- ☐ Fever or Chills
- ☐ Unintentional Weight Loss
- ☐ Thyroid Problems
- ☐ Joint Aches
- ☐ Muscle Weakness
- ☐ Neck Stiffness
- ☐ Head Aches

Alerts* (check if you are currently experiencing any of the following):

- ☐ Allergy to adhesive
- ☐ Allergy to lidocaine
- ☐ Allergy to topical antibiotic ointments
- ☐ Artificial hear valve
- ☐ Artificial joint in past 2 years
- ☐ Blood thiners
- ☐ Defibrillator
- ☐ MRSA
- ☐ Premedications prior to procedures
- ☐ Rapid heart beat with epinephrine

*Please inform the physician, medical assistant or front desk staff of any other medical conditions or concerns.