

Rheumatology New Patient Consultation Form

Patient Information

First Name

Last Name

Date of Birth

Sex

Phone

Email

Reason for Visit

Please describe the reason for your consultation

Symptoms

Current symptoms (e.g., pain, swelling, stiffness)

When did your symptoms begin?

Which joints or areas are affected?

What makes your symptoms better or worse?

Medical History

Current medical conditions

Previous surgeries or hospitalizations

Previous rheumatologic diagnosis

Medications

List all current medications (include dosage and frequency)

Allergies (medications, foods, etc.)

Family History

Family history of autoimmune or rheumatic diseases

Social History

Occupation

Tobacco use

Alcohol use

Other relevant social history