ARTHRITIS & RHEUMATIC CARE CENTER

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Name		Age	Date_		
Referred by					
MEDICAL ILLNESSES (Check	if you have had any of the fo	llowing illnesses, and list an	v additional med	lical conditions)	
•				ilicai coriditions)	
☐ Arthritis	☐ Liver Disease,	перашіѕ			
☐ Cancer (what organ?					
Diabetes	☐ Stroke		process.		
☐ Heart Disease	☐ Thyroid Disease				
☐ High Blood Pressure	☐ Ulcer of Stomad				
☐ Kidney Disease					
	List illnesses. If deceased, r	note age and cause of death			
Brothers/Sisters		 Total # of children			
		Ages			
SOCIAL HISTORY - Please Circ	cle				
Do you smoke? Yes No If yes, how much		Marital St	atus: - Please ci	rcle below:	
Do you drink alcohol? Yes No	If yes, how much	Single	Married	Widowed	Divorced
MEDICINES YOU ARE TAKING (including birth control pills, vitami		nents)			
1	4		7		
2	5		8		
3	6		9		