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NEW PATIENT QUESTIONNAIRE

Patient Name: _____ Date: _____

What is the reason for your visit today? _____

Who is your Primary Care Physician? _____ Phone: _____

MEDICAL/PAST MEDICAL HISTORY: Have you ever had any of the following? Please check all that apply.

Osteoarthritis	Rheumatoid Arthritis	Lupus	Gout
Fibromyalgia	Ankylosing Spondylitis	Psoriasis	Psoriatic Arthritis
Sjogren's	Crohn's	Osteoporosis	Sleep Apnea
Glaucoma	Migraine Headaches	Tuberculosis	Anemia
Colon Polyps	Hiatal Hernia	GERD	Stomach Ulcers
High Blood Pressure	Asthma	Depression	Anxiety
Heart Attack	Heart Disease/CHF	Diabetes, Type:	Cancer, Type:
Rheumatic Fever	Diverticulitis	Hepatitis, Type:	High Cholesterol
Emphysema	Kidney Stones	Stroke	Epilepsy/Seizures
Kidney Disease	Liver Disease	Thyroid Disease	Pneumonia

Any other pertinent past medical history you wish to include:

PAST SURGICAL HISTORY: Have you ever had any of the following? Please (CIRCLE) all that apply & indicate year.

Year	Year	Year	Year
Gallbladder	Hysterectomy	Tubal Ligation	Hernia Repair
Gastric Bypass	Lap Band/Sleeve	Cardiac Surgery	Arthroscopic, Type:
R-Hip Replacement	L-Hip Replacement	R-Knee Replacement	L-Knee Replacement
Neck	Back	Carpal Tunnel	Feet Surgery

Any other pertinent past surgical history you wish to include:

PRESENT MEDICATIONS: List all medications and doses, including over the counter medications.

MEDICATION ALLERGIES: List any medication allergies you have and the kind of reaction for each.

SOCIAL HISTORY: Do you drink alcohol? _____ If yes, estimate the number of drinks per week: ____ Have you ever smoked? _____ Current? _____ How many packs per day? ____ How many years? ____ Have you ever used illegal drugs? _____ If yes, what kind? _____ Do you exercise regularly? _____ How often and how long?

Occupation: _____

FAMILY HISTORY: Did any Blood Relatives (parents, children, siblings) have any of the following? If yes, please state who.

Osteoarthritis	Rheumatoid Arthritis
Gout	Lupus
Fibromyalgia	Ankylosing Spondylitis
Psoriasis/Psoriatic Arthritis	Osteoporosis
Sjogren's	Crohn's