

## NEW PATIENT ARTHRITIS QUESTIONNAIRE

1) Please Circle if any of the following are or have been present:

Dry eyes

Dry mouth

Mouth sores

Rash

Chest pain

Shortness of breath

Raynauds

Miscarriage

Rash from sun exposure

Lyme's Disease

Blood Clot

Fever on a regular bases

Psoriasis

Family history of psoriasis

Crohn's Disease/Ulcerative Colitis

Vaginal or penile discharge

Chlamydia

Gonorrhea

Plantar fasciitis

Achilles tendonitis

Iritis/uveitis

Hidradenitis Supperativa (inflamed sweat glands)

Buttock pain

Dactylitis (Swelling of the fingers/toes like a sausage)

Family history of Ankylosing Spondylitis or Psoriatic arthritis

Infection from Salmonella, Shigella, Campylobacter, Yersinia, or C. Difficile

2) Please answer the following questions:

Does your joint pain respond to ibuprofen, naproxen, or other NSAIDs? \_\_\_\_\_

If you have chronic back pain, how old were you when it began? \_\_\_\_\_

Did you travel prior to the onset of your arthritis symptoms? \_\_\_\_\_