

**Keivan Dehghanpisheh**  
**MD, PhD, FACR**  
**Board Certified Rheumatology**

New Patient Registration

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Rheumatologic History: (Please check all that apply)

osteoarthritis;  gout;  rheumatoid arthritis;  psoriatic arthropathy;  psoriasis;  
 ankylosing spondylitis;  Lupus;  scleroderma;  inflammatory myopathy (myositis);  
 osteoporosis;  juvenile arthritis;

Other \_\_\_\_\_

Medical History: (Please check all that apply)

high blood pressure;  heart disease;  congestive heart failure;  hyperlipidemia;  stroke  
 migraine headache;  chronic obstructive pulmonary disease;  asthma;  renal disease  
 diabetes mellitus;  thyroid disorder;  anemia;  gastric ulcer;  recurrent bacterial infections  
 hepatitis B virus;  hepatitis C virus;  HIV infection;  tuberculosis;  positive TB skin test;  
 anxiety;  depression  
 cancer (if yes what kind) \_\_\_\_\_

Other \_\_\_\_\_

Surgical History: (Please check all that apply)

Joint surgery (which one) \_\_\_\_\_  
 neck surgery;  back surgery;  thyroid surgery;  
 hand surgery;  carpal tunnel;  bunion;  Cesarean delivery;  hysterectomy;  oophorectomy  
 hernia repair;  prostate surgery;  breast augmentation;  cosmetic surgery;  cataract surgery  
 coronary artery bypass graft

Family History: (Please check all that apply)

osteoarthritis;  rheumatoid arthritis;  SLE;  gout;  psoriatic arthropathy;  psoriasis  
 ankylosing spondylitis;  osteoporosis;  myalgia and myositis;  diabetes mellitus;  malignant neoplasm;  
 heart disease;  stroke syndrome;  alcoholism;  drug dependence

Social History: (Please check all that apply)

Tobacco Use:  daily smoker;  occasional smoker;  former smoker;  never smoked

Alcohol Use:  none  social drinker;  daily drinker:  recovering alcoholic

Recreational Drug Use:  none,  using drugs(specify) \_\_\_\_\_

Main Office:  
12977 Southern Blvd, Ste 203  
Loxahatchee, FL, 33470

Satellite Office:  
1004 S. Old Dixie Hwy, Ste 303  
Jupiter, FL 33458

Phone: 561-899-0762  
Fax: 833-217-6176

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Name: \_\_\_\_\_

Medications (with dosages):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies (medication):

_____	_____	_____	_____
_____	_____	_____	_____

Do you experience any of these symptoms with regularity?

Constitutional: \_\_ fatigued; \_\_ recent weight loss; \_\_ recent weight gain; \_\_ fever; \_\_ chills;

Musculoskeletal \_\_ neck pain; \_\_ lower back pain; \_\_ shoulder joint pain; \_\_ elbow joint pain; \_\_ wrist joint pain; \_\_ pain in finger joints; \_\_ hip joint pain; \_\_ knee joint pain; \_\_ ankle joint pain; \_\_ foot pain

Eye: \_\_ eyes dry; \_\_ diplopia; \_\_ red eyes

ENT: \_\_ mouth dryness; \_\_ mouth sores; \_\_ nose sores; \_\_ sinus pain; \_\_ hearing loss; \_\_ sore throat; \_\_ nosebleeds;

Cardiovascular: \_\_ chest pain; \_\_ palpitations; \_\_ edema; \_\_ finger or toes turning red/white/blue

Pulmonary: \_\_ shortness of breath; \_\_ cough; \_\_ wheezing; \_\_ hemoptysis;

GI: \_\_ abdominal pain; \_\_ heartburn; \_\_ constipation; \_\_ diarrhea; \_\_ nausea; \_\_ vomiting; \_\_ dysphagia; \_\_ vomiting blood; \_\_ hematochezia; \_\_ melena;

GU: \_\_ change in urinary frequency; \_\_ urinary urgency; \_\_ dysuria; \_\_ hematuria; \_\_ nocturia;

Endocrine: \_\_ heat intolerance; \_\_ cold intolerance; \_\_ polydipsia; \_\_ polyuria;

Neurological: \_\_ headache; \_\_ difficulty with balance; \_\_ tingling; \_\_ numbness; \_\_ muscle weakness; \_\_ dizziness; \_\_ fainting; \_\_ memory loss

Psychological: \_\_ anxiety; \_\_ depressed; \_\_ sleep disturbances;

Skin: \_\_ rash; \_\_ photosensitivity; \_\_ skin thickened; \_\_ hair loss

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Physician Signature

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