

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) _____

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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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