

Patient Name: _____ **Date of Birth:** _____

Patient Medical History Form

_____ began seeing me on _____. They are currently diagnosed with spondyloarthritis, a form of inflammatory arthritis that impacts the spine, as well as other joints and organs. I have been treating the patient for spondyloarthritis for _____ Months/Years.

Patient's main ongoing symptoms are:

Chronic pain in the _____

Limited mobility in the _____

Other symptoms include: _____

Other diagnoses, co-occurring conditions, and treating physicians:

1) Condition: _____ (Treating Physician: _____)

2) Condition: _____ (Treating Physician: _____)

3) Condition: _____ (Treating Physician: _____)

4) Condition: _____ (Treating Physician: _____)

5) Condition: _____ (Treating Physician: _____)

Clinical findings and any medical test results and/or laboratory results:

1) _____

2) _____

3) _____

4) _____

5) _____

Treatment Information: Patient is currently taking the following medications:

Medication _____ Purpose _____

Medication _____ Purpose _____

Medication _____ Purpose _____

Medication _____ Purpose _____

Medication _____ Purpose _____

Allergies and Past Adverse Reactions to Medications:

1) _____

2) _____

3) _____

4) _____

5) _____

The unpredictability and severity of the symptoms and bouts of flare ups might require additional temporary treatment for pain management or other symptoms. Please contact me if my patient is seen in your emergency department.

Patient's battle with spondyloarthritis will be lifelong, and measures to manage symptoms must be ongoing in an effort to achieve a better quality of life.

Physician Name: _____

Address: _____

Telephone: _____

Specialty: _____

Signature: _____