

T. STEPHEN BALCH, M.D., F.A.C.P.

MEDICAL DIRECTOR OF THE LUPUS TREATMENT CENTER

5555 PEACHTREE DUNWOODY ROAD

SUITE 281

ATLANTA, GEORGIA 30342

PHONE: (404) 252-3771 FAX: (404) 252-8011

Patient Name _____ Today's Date _____

(office use only - updated _____)

Your Occupation: _____

Your Highest Level Attained in School: _____

Your Marital Status: _____

Your Religion: _____

Do You Have Any Children? _____

PAST MEDICAL HISTORY

Have you had any major illnesses or accidents? If yes, please describe.

Have you had any hospitalizations or operations? If so, where? When? Why?

List all medications, including hormones, contraceptives, laxatives, and pain relievers such as Aspirin or Anacin. List dosages and times taken per day.

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

When was your last tetanus shot? _____

SOCIAL HISTORY

	YES	NO	DON'T KNOW
Do you smoke?			
(If no, have you ever smoked?)			
How much per day?			
Do you drink alcohol?			
If so, how much per day?			
Did you ever drink fairly heavily?			
Do you drink coffee?			
If so, how many cups per day?			
Do you sleep well?			
How many hours per night?			
Do you use marijuana?			
Do you take ANY drugs to escape problems or for your enjoyment?			

FAMILY HISTORY

Please state if anyone in your family, alive or dead, has/had the following diseases. And state what relation he/she was to you.

	YES	WHO
Hypertension?		
Diabetes?		
Tuberculosis?		
Any type of cancer, especially breast?		
Kidney Disease?		
Lupus?		
Heart Disease?		
Sudden Death?		
Glaucoma?		
Rheumatoid Arthritis?		

	YES	NO	DON'T KNOW
Is your Mother in good health?			
If not, what illnesses has she?			
How old is she?			
If deceased, what was her age at death?			
What was the cause of her death?			
If your Father in good health?			
If not, what illnesses has he?			
How old is he?			

YES NO DON'T KNOW

	YES	NO	DON'T KNOW
If deceased, what was his age at death?			
What was the cause of his death?			
Do you know anyone with an illness similar to the one you are presently complaining of?			

REVIEW OF SYSTEMS**Skin**

YES NO DON'T KNOW

	YES	NO	DON'T KNOW
Have you ever had excessive hair loss or growth?			
Have you ever had a rash after being in the sun?			
Do you have hives?			
Do you have any problems with your skin?			
Do you have any lumps/bumps or spots that you consider abnormal anywhere on your skin?			

Allergies

YES NO DON'T KNOW

	YES	NO	DON'T KNOW
Did you ever have a problem taking penicillin?			
Did you ever have problems with or have a reaction to any drug?			
If so, which drug[s]?			
Do you have any other allergies?			

Head, Eyes, Ears, Nose and Throat

YES NO DON'T KNOW

	YES	NO	DON'T KNOW
Have you ever has a problem with blurred vision or seeing double?			
Do you have pain or trouble with your eyes?			
Do you have frequent headaches?			
If so, are they related to nasal congestion?			
Are they related to eye strain?			
Are they related to tension?			
Do you have ringing in your ears?			
Do you have trouble with your hearing?			
Do you have nosebleeds?			
Do you have an increased tendency to bruise or bleed?			
Is your nose frequently congested or do you have a drip in the back of your throat?			
If so, is this related to allergies?			
Do you have trouble swallowing?			
Does your food hang up as it goes down?			

YES NO DON'T KNOW

Has there been a change in your voice?			
Have you had mouth or nasal ulcers?			

Respiratory System

YES NO DON'T KNOW

Do you have a daily or a morning cough?			
Do you cough up sputum everyday?			
If so, what color is it?			
Have you ever coughed up blood?			
Have you ever had any asthma or wheezing?			

Cardiovascular System

YES NO DON'T KNOW

Do you get more short of breath than friends do your age when climbing a hill or stairs?			
Do you wake up at night out of breath?			
Do you have pains or general discomfort in your chest?			
Do you have pain or discomfort with exertion?			
Does your heart turn over or race in your chest?			
Do your feet swell?			
Have you ever had difficulty with the veins in your legs or with phlebitis?			
Do you develop pains in your legs or buttocks from walking?			
Have you ever been told that you have a heart murmur?			

GI System

YES NO DON'T KNOW

Do you have any significant pains in your stomach?			
Do you have frequent heartburn or indigestion?			
Have you ever had an ulcer?			
Have you ever had gallstones or kidney stones?			
Have you ever turned yellow, had yellow jaundice, or hepatitis?			
Do you ever have red or black stools?			
Do you have any problems with your appetite?			
Have you had any change in your bowel habits in the past 6 months?			
Have you ever had hemorrhoids or rectal pain?			
Are your stools often thinner than your thumb?			

Genito-Urinary System

	YES	NO	DON'T KNOW
Do you have to get up to urinate almost every night?			
Have you ever had blood in your urine?			
Have you ever tested positive for syphilis?			
Do you ever have pain on urination?			
Have you ever had any VD?			
Have you ever had protein in your urine?			
Do you have difficulty starting or stopping your urine stream?			

Neurological System

	YES	NO	DON'T KNOW
Have you fainted in the past 5 years?			
Do you have a tendency to faint or come near fainting?			
Have you ever had convulsions or epilepsy?			
Have you ever had paralysis of any limbs, including polio?			
Have you ever had a stroke?			
Do you have dizziness?			
Have you ever had a problem with speaking or swallowing?			
Have you ever had any numbness or pins and needles tingling (other than an occasional limb falling asleep)?			

Endocrinologic

	YES	NO	DON'T KNOW
Do you have frequent fevers?			
Do you have night sweats?			
Have you lost or gained weight in the past 6 months?			

Muscle-Skeletal

	YES	NO	DON'T KNOW
Do you have any pains in your bones, muscles or joints?			
Do your joints ever get red or swollen?			
Have you ever had trouble with your back?			

If so, circle the following statements which hold true for you:

- a. The discomfort has gone on for 3 months or more.
- b. Your back has been stiff, especially in the morning
- c. Your back discomfort started before the age of forty.
- d. The problem began slowly.
- e. My back discomfort improves with exercise.

Psycho-Sexual

YES NO DON'T KNOW

	YES	NO	DON'T KNOW
Do you have problems with nervousness or depression?			
Do you have any problems with your sex life or pain with intercourse?			
Are there any new emotional problems that have developed lately?			
Do you have any problems with your job or with your finances?			

Hematology

YES NO DON'T KNOW

	YES	NO	DON'T KNOW
Have you ever had anemia?			
Have you ever had a low platelet count?			
Have you ever had a low white count?			