# Checklist for the initial presentation

rheumatologie
KLINISCHE IMMUNOLOGIE • TAGESKLINIK

Akademische Lehrpraxis UKE Hamburg

Dr. Peer Aries
Dr. Phillip Bremer
Dr. Eva Terhalle-Aries
Prof. Dr. Jürgen Wollenhaupt
Dr. Andrea Gödde
Dr. Naheed Sheikh
Dr. Corinna Platzek
Dr. Lukas Roth

Mörkenstraße 47
22767 Hamburg-Altona

Tel I 040 77 18 50 20-0
Fax I 040 77 18 50 20-8

info@rheumatologie.hamburg
www.rheumatologie.hamburg

Dear patients, dear patients,

You have already made an appointment with us in the consultation hours and would like to prepare your visit to our centre?

Please try to obtain the following documents in the days prior to your visit and present them upon arrival at your appointment together with the completed "Checklist for the first visit":

| | available ? |
|---|---|
| • Doctor's letters Doctors (general practitioners and specialists) | ☐ |
| • Doctor's letters hospitals (all) | ☐ |
| • Reports of of radiological examinations (X-ray, CT, magnetic resonance imaging, skeletal scintigraphy, ultrasound) | ☐ |
| • Laboratory reports | ☐ |
| • Doctor´s referral letter with the main question | ☐ |
| • Contact details family doctor | ☐ |
| • Current vaccination card | ☐ |
| • Medication schedule (name, dose and time of intake) | ☐ |

Many thanks for your support !

With kind regards

Your practice team

# Patient Registration (first visit)

Last Name_____ First Name _____ Birth Date:_____

Weight: _____ kg Hight: _____ cm

Phone Number _____ Mobile Number _____

Email Address _____ @ _____ . _____

Primary Physician / Referral Name: _____

Primary Physician / Referral Address: _____

How did you hear about us? o MD/Doctor o Patient/Friend o Newspaper/Magazine

o Mediplex Others:_____

## Uses and Disclosures of Protected Health Information

Following § 73 Abs. 1 b SGB V we are obliged to ask for your consent to use your protected health care information and disclose it by our physicians and office staff to third parties. This includes the management or coordination of your health care. For example, we would disclose your protected health care information, as necessary, to physicians of the „Struenseehaus“ or other physicians who provide care to you to ensure that our practice and the physican have the necessary information to diagnose and treat you.

Signature: _____ (you can withdraw your consent at any time)

1) Has a rheumatic disease already been diagnosed in your case ?

No ☐ Yes ☐ Diagnosis _____ Year of _____

**2) Please write down all yor actually prescribed medications and over-the-counter drugs you are using.**

| **MEDICATION** | **STRENGTH**(MG) | MORNING | NOON | EVENING | |
|---|---|---|---|---|---|
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S) |
| _____ | _____ | _____ / | _____ / | _____ | OR EVERY ____WEEK(S |

3) Please use the scale below to tell us how intense your pain has been on average over the past week

**no pain** **moderate pain** **maximum pain**

|_____|_____|_____|_____|_____||_____|_____|_____|_____|_____|

**4) Health History:**

| | | | | | |
|---|---|---|---|---|---|
| Psoriasis | ☐ | tick bite ☐ in year: ____ | | Crohn´s disease / Colitis | ☐ / ☐ |
| Cancer | ☐ | Infarction (heart ( brain) | ☐ / ☐ | | |
| Lung Embolism | ☐ | Osteoporosis | ☐ | Abortion/preterm delivery | ☐ / ☐ |
| Thrombosis | ☐ | Tuberkulosis | ☐ | Pneumonia | ☐ |
| Hypertension | ☐ | Diabetes | ☐ | high lipid levels | ☐ |

Any other known diseases you have: _____

_____

Medication allergies / other allergies ? _____

Surgery and other Hospitalizations (Year and Reason/Diagnosis) _____

_____ _____ _____ _____

Are you a smoker? ☐ Never ☐ Yes, since: _____ ☐ No, but until _____ for ___ years

5) Which of the following symptoms have you had in the PAST?

| | | | | | |
|---|---|---|---|---|---|
| impaired ability to swallow | ☐ | night sweats | ☐ | hair loss | ☐ |
| sharp pain when urinating | ☐ | weight loss | ☐ | red eyes | ☐ |
| white/blue/cold fingers | ☐ | headache | ☐ | fever | ☐ |
| dry eyes / mouth | ☐ / ☐ | ulcers in the mouth | ☐ | blood cough | ☐ |
| muscular pain | ☐ | muscle weakness | ☐ | diarrhea | ☐ |
| feeling of total exhaustion | ☐ | increasing amount of sad days | ☐ | sleep disturbances | ☐ |

6) Which of the following diseases are known in your FAMILY Medical History?

Psoriasis ☐ who ? _____

Rheumatic disease ☐ who ? _____ which ? _____

7) Which of the following drugs have you ever taken ?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MTX /Methotrexat | ☐ | Imurek /Azathioprin | ☐ | Pleon / Azulfidine | ☐ | Orencia | ☐ |
| Arava/Leflunomid | ☐ | CellCept / Myfortic | ☐ | Quensyl/Resochin | ☐ | Tocilizumab | ☐ |
| Sandimmun | ☐ | Endoxan | ☐ | Infliximab | ☐ | Cimzia | ☐ |
| Etanercept | ☐ | Adalimumab | ☐ | Rituximab | ☐ | Simponi | ☐ |
| Rinvoq | ☐ | Oluminat | ☐ | Xeljanz | ☐ | Stelara | ☐ |
| Kevzara | ☐ | Kyntheum | ☐ | Taltz | ☐ | Cosentxy | ☐ |
| Tremfya | ☐ | | | | | | |

8) Has any of the following investigations already been carried out ?

☐ gastroscopy, year_____ ☐ coloscopy, year _____ ☐ bone density, year_____

9) Are you working ? Yes ☐, as _____ (occupation) full time ☐ part time ☐
No, because of: ☐ retirement ☐ unemployment ☐ disability

10) Are you receiving any social security benefits:
No ☐ Yes ☐ impairment of earning capacity (MdE) % _____
degree of disability (GdB): % _____

## Activities of daily life

**Please answer each question as it applies to you at the moment (with respect to the last 7 days) and tick the appropriate box.**

| | Yes | Yes, but with efforts | No, or only with help from others |
|---|---|---|---|
| 1. Can you butter a slice of bread ? | ❍ | ❍ | ❍ |
| 2. Can you stand up from a normal bed ? | ❍ | ❍ | ❍ |
| 3. Can you write a handwritten letter/postcard? | ❍ | ❍ | ❍ |
| 4. Can you open and close water taps ? | ❍ | ❍ | ❍ |
| 5. Can you stretch to get a book from a higher bookshelf? | ❍ | ❍ | ❍ |
| 6. Can you lift an at least 10kg heavy object (e.g. suitecase) and carry it for 10 meters ? | ❍ | ❍ | ❍ |
| 7. Can you dry yourself with a towel from the head to toe ? | ❍ | ❍ | ❍ |
| 8. Can you bend down and pick up a light object (e.g. coin) from the floor ? | ❍ | ❍ | ❍ |
| 9. Can you wash your hair over the sink ? | ❍ | ❍ | ❍ |
| 10. Can you sit on an unupholstered chair for one hour? | ❍ | ❍ | ❍ |
| 11. Can queue for 30 minutes without interruption? | ❍ | ❍ | ❍ |
| 12. Can you sit up in bed from supine position ? | ❍ | ❍ | ❍ |
| 13. Can you put stockings on without help ? | ❍ | ❍ | ❍ |
| 14. Can you pick up a dropped object (e.g. coin) from the floor while sitting on a chair ? | ❍ | ❍ | ❍ |
| 15. Can you lift a heavy object (e.g.sixpack) from the floor onto a table ? | ❍ | ❍ | ❍ |
| 16. Can you put on and take off a winter coat ? | ❍ | ❍ | ❍ |
| 17. Can you run fast for approximately 100m (not walking) ? | ❍ | ❍ | ❍ |
| 18. Can you use public transport (bus, train) ? | ❍ | ❍ | ❍ |

For internal use: erreichte Punkte x100 / 36= FFbH: _____% [2] [1] [0]