

PRIOR TREATMENT OF RHEUMATOLOGIC CONDITIONS

Please review this list of “arthritis” medications. As accurately as possible, try to remember which medications you have taken, **how long** you were taking the medication, the **results** of taking the medication and list any **reactions** you may have had. Record your comments in the spaces provided.

Circle any of the following NSAIDs you have taken in the past					
Ansaïd (flurbiprofen)		Arthrotec (diclofenac + misoprostil)		Cataflam/Zipsor (diclofenac potassium)	
Daypro (oxaprozin)		Disalcid (salsalate)		Celebrex (celecoxib)	
Mobic (meloxicam)		Dolobid (diflunisal)		Clinoril (sulindac)	
Tolectin (tolmetin)		Feldene (piroxicam)		Indocin (indomethacin)	
Parafor Forte		Naprelan/Naprosyn (naproxen)		Lodine (etodolac)	
Zipsor / Voltaren (diclofenac)		Vimovo (naproxen/esmoprazole)		Relafen (nabumetome)	
Drug names/Dosage	Length of time	Please check: Helped?			Reactions
		A Lot	Some	Not At All	
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)					
Pain Relievers					
Ultram (Tramadol)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydrocodone (Vicodin, Lortab, Norco)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxycodone (Percocet, Endocet, Roxicet)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disease Modifying Antirheumatic Drugs (DMARDS)					
Auranofin, gold pills (Ridaura)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold shots (Myochrysine or Solganol)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Azathioprine (Imuran)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cyclophosphamide (Cytoxan)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cyclosporine A (Sandimmune or Neoral)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydroxychloroquine (Plaquenil)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leflunomide (Arava)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methotrexate (Rheumatrex)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Penicillamine (Cuprimine)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sulfasalazine (Azulfidine)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biologics (BDMARDS)					
Abatacept (Orencia) - Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abatacept (Orencia) - Injection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adalimumab (Humira)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anakinra (Kineret)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apremilast (Otezla)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Belimumab (Benlysta) – Injection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Belimumab (Benlysta) – Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certolizumab pegol (Cimzia)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Etanercept (Enbrel)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golimumab (Simponi Aria) – Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golimumab (Simponi) – Injection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infliximab-dyyb (Inflectra) – Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infliximab (Remicade) – Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rituximab (Rituxan) – Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rituximab (Rituxan) – Injection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sarilumab (Kevzara)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secukinumab (Cosentyx)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tocilizumab (Actemra) – Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tocilizumab (Actemra) – Injection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tofacitinib (Xeljanz)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

