

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					
Ansaid (flurbiprofen)	Arthrotec (diclofenac + misoprostol)	Cataflam/Zipsor (diclofenac potassium)	Celebrex (celecoxib)	Clinoril (sulindac)	
Daypro (oxaprozin)	Disalcid (salsalate)	Dolobid (diflunisal)	Feldene (piroxicam)	Indocin (indomethacin)	Lodine (etodolac)
Mobic (meloxicam)	Motrin/Advil (ibuprofen)	Nalfon (fenoprofen)	Naprelan/Naprosyn (naproxen)	Relafen (nabumetone)	
Tolectin (tolmetin)	Parafon Forte	Zipsor / Voltaren (diclofenac)	Vimovo (naproxen/esmoprazole)		
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-dyib (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"/>	

Osteoporosis Medications					
Alendronate (Fosamax)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calcitonin injection or nasal (Miacalcin, Calcimar)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Denosumab (Prolia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estrogen (Premarin, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ibandronate (Boniva) { circle → oral or IV }	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raloxifene (Evista)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risedronate (circle → Actonel / Atelvia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zoledronic Acid (Reclast)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abaloparatide (Tymlos)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teriparatide (Forteo)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gout Medications					
Allopurinol (Zyloprim)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colchicine (Colcrys)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Febuxostat (Uloric)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indomethacin (Indocin)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lesinurad (Zurampic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pegloticase (Krystexxa)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Probenecid (Benemid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others					
Cortisone/Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyalgan/Synvisc/Orthovisc/Supartz injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please list supplements below:					