



The Division of Rheumatology
Phone: 937-641-3805
Fax: 937-641-6312
Dustin Fleck, MD, division chief
Anne McHugh, MD, staff physician

Division of Rheumatology

Dear Parent/Guardian – Please note that we see patients at two locations. Please check your child’s appointment itinerary to confirm the location of your child’s visit.

Location 1: Main campus One Children’s Plaza Dayton, OH 45404	Location 2: South campus Specialty Care Center 3333 West Tech Road Miamisburg, OH 45342
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Important reminders for this visit:

Arrive at least 15 minutes prior to your appointment time to complete check-in.

If you need to reschedule your child’s appointment, please call 937-641-4000. Please provide enough notice (minimum of 5 business days) so that we can offer this appointment time to other patients on our wait list.

A parent/legal guardian must attend the appointment to provide consent, medical history and participate in discussions regarding treatment recommendations.

Please complete the attached patient medical/surgical history form. Bring this completed form to your child’s appointment

If you have any questions about any of the information in this packet, please call our office.: 937-641-3805, select option 2 to speak with a nurse.



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**Rheumatology Clinic
 Patient Information Sheet
 Medical and Surgical History**

Today's Date: _____

Patient Name: _____ **DOB:** _____

To help us ensure our records are up-to-date and complete, ***please fill out the front and back of this form*** regarding the patient's medical, surgical and family history. Please place a check mark in the "yes" or "no" columns beside the items listed and indicate year diagnosed or surgery date, if known.

Please bring this completed form to your child's appointment.

Patient Medical History	Yes	No	Year		Yes	No	Year
Abdominal Pain/Diarrhea				Immune Deficiency			
Anemia				Joint Pain/Swelling			
Arthritis				Lupus (SLE)			
Color Changes to Hands				Low Back Pain			
Developmental Delay				Mouth Sores			
Fatigue				Nail Changes			
Fevers				Nerve Muscle Disease			
Fractures				Photosensitivity			
Frequent Cavities/Dry Mouth				Psoriasis			
Hair Loss				Rashes/Skin Problems			
Headaches				Red/Painful/Dry Eyes			
High Blood Pressure				Weight Loss			
Other Medical Conditions							

If yes, please describe:

Continued, please complete the remainder of this form on the back page.



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Patient Surgical History	Yes	No	Year							
Adenoidectomy										
Bronchoscopy										
Ear Tubes										
Sinus Surgery										
Splenectomy										
Tonsillectomy										
	Parents		Siblings Brothers or Sisters				Grandparents		Grandparents	
Social History- Do any family members smoke?	Mother	Father	Brother	Brother	Sister	Sister	Mom's Mother	Mom's Father	Dad's Mother	Dad's Father
If yes, check										
Do you have pets?	Yes	No								
If yes, please list:										

Please fill out the table below regarding family history, check if any apply to child's family members.

	Parents		Siblings (Brothers/Sisters)				Grandparents		Grandparents	
Medical Problem	Mother	Father	Brother's	Brother's	Sister's	Sister's	Mom's Mother	Mom's Father	Dad's Mother	Dad's Father
Juvenile Idiopathic Arthritis										
Rheumatoid Arthritis										
SLE (Lupus)										
Rheumatologic Disorder										
Fibromyalgia										
Osteoarthritis										
Gout										
Psoriasis										
Other Medical Conditions?	Yes: _____ No: _____									
If yes, please describe:										