

MEDICATION HISTORY QUESTIONNAIRE

Please circle any of the following medications you currently take or have taken.

OSTEOPOROSIS							
Foxamax	Boniva	Relcast	Actonel	Prolia	Forteo	Tymlos	Evista
Other: _____							
Reason for Discontinuation: _____							

RA / INFLAMMATORY ARTHRITIS							
Nonbiologic DMARDS:							
Methotrexate	Plaquenil	Arava	Sulfasalazine	Xeljanz			
Biologic DMARDS:							
Humira	Enbrel	Remicade	Simponi	Cimzia	Actemra	Kevzara	Rituxan
Orencia							
Other: _____							
Reason for Discontinuation: _____							

LUPUS				
Plaquenil	Azathioprine	Cellcept	Benlysta	Cytosan
Other: _____				
Reason for Discontinuation: _____				

PSORIASIS / PSORIATIC ARTHRITIS			
Stelara	Taltz	Cosentyx	Tremfya
Other: _____			
Reason for Discontinuation: _____			

FIBROMYALGIA					
Cymbalta	Neurontin	Lyrica	Savella	Amitriptyline	Nortriptyline
Other: _____					
Reason for Discontinuation: _____					

Have you ever been treated with prednisone? YES NO If yes, for how long? _____ Was it helpful? _____

What other pain medications such as NSAIDs (ibuprofen, naproxen, meloxicam), Celebrex, Opiates (tramadol, oxycodone, hydrocodone, Butrans) have you been treated with? What was your response to these other pain medications ?

Please note the date of your most recent:					
PCP Visit:	Eye Exam	DEXA Scan:			
Flu Vaccine:	Pneumo Vaccine:	TB Test:			