



Welcome to Pediatric Rheumatology Clinic! Pediatric Rheumatologists treat children and teens with autoimmune and auto inflammatory disorders. These are disorders in which the body's immune system has been turned on when it should not be, and is attacking parts of the body. We also see a limited number of children who have pain that is not due to an inflammatory disorder.

Our office is located at 200 Patewood Drive, Suite A300, Greenville, SC, 29615. Please see the included map for directions. Our office phone number is (864)454-5004. The phones are active Monday – Thursday from 8:30 – 12:30 and again from 1:30 – 4:30. On Fridays the phone hours are 8:30 – 12:30 and 1:30 – 3:30. At other times you will be directed to an answering service.

As a new patient we want to be sure you are aware of important office policies:

- 1) Our new patient appointments are made by physician referral only. This means that a doctor who is already following your child sends a referral to our office to make a new patient appointment.
- 2) New patients who do not show up for a scheduled appointment are counted as a “No Show.” If you have two “No Show” appointments then you will be required to obtain another referral prior to scheduling for a third time.
- 3) New patient appointments which are cancelled less than 24 hours prior to the appointment are counted as a “No Show” unless cancellation is due to illness or family emergencies.
- 4) Our new patient appointments are very complete and often take at least a full hour. You should plan to arrive at the office 30 minutes prior to your scheduled time so that you can complete paperwork, have vital signs and initial history taken, and be ready to see the doctor at your scheduled appointment time. If you arrive later than your scheduled appointment time then we may not have enough time to completely evaluate your child without using another patient's appointment time. Therefore, if you arrive any later than your scheduled time you may be asked to reschedule.

Thank you for reviewing the above policies. We look forward to meeting you and your child!

The Pediatric Rheumatology Team



**PEDIATRIC RHEUMATOLOGY**

**SYMPTOM CHECKLIST**

***PLEASE FILL OUT THE FRONT AND BACK***

*Check Symptoms that Your Child Has Had In the Past Year*

**GENERAL**

- Unexplained Fever
- Excessive Sweating at Night
- Weight Changes (gaining or losing weight)
- Fatigue (extremely tired)
- Feel Sick when Exposed to Sunlight

**EAR, NOSE, AND THROAT**

- Difficulty Hearing
- Ear Pain
- Discharge from Ear
- Ringing in Ears
- Sores in the Nose
- Nosebleeds
- Sinus Infections or Nasal Discharge
- Sores in the Mouth

**EYES**

- Blurred or Double Vision
- Vision Loss
- Dry Eyes
- Eyes Itching or Burning
- Feeling like Something is in your Eye
- Eye Pain
- Light Bothers your Eyes
- Eye Redness
- Discharge from Eyes

**HEART AND CIRCULATORY SYSTEM**

- Chest Pain

- Heart Racing
- Heart Beating Irregularly or Skipping Beats
- Dizziness when Standing
- Cold Fingers or Toes
- Fingers or Toes Turning White or Blue
- Pale
- Easy Bruising
- Bleeding from Gums
- Easy Bleeding
- Swollen Lymph Nodes or Glands

**LUNGS**

- Feeling Short of Breath
- Unable to Lie Flat on Back
- Cough
- Coughing up Blood

**STOMACH AND INTESTINES**

- Loss of Appetite
- Getting Full after Eating a Small Amount
- Difficulty Swallowing
- Painful Swallowing
- Heartburn
- Nausea
- Vomiting
- Abdominal Pain
- Diarrhea
- Constipation
- Stools that are Black or Bloody
- Mucous in Stools

**URINE**

- Blood in Urine
- Change in Color of Urine
- Difficulty Urinating
- Urinating More Often than Usual
- Urinating Less Often than Usual

**MUSCLES AND JOINTS**

- Neck Pain
- Back Pain
- Chest Tenderness
- Joint Pain
- Joint Swelling
- Joint Redness
- Joint Stiffness
- Joints Giving Out
- Muscle Pain
- Muscle Weakness
- Muscle Cramps

**SKIN**

- Skin Discoloration
- Change in Skin Texture
- Skin Tightness
- Skin Sores
- Skin Rashes
- Hair Loss
- Change in Nails

**BRAIN AND NERVOUS SYSTEM**

- Headache
- Feeling Lightheaded
- Feeling that the Room Spins Around You
- Trouble with Balance
- Clumsy
- Difficulty with Small Tasks such as buttons
- Numbness or "Pins and Needles"
- Generalized Pain
- Change in Mood or Personality
- Worsening Grades
- Feeling Sad or Down, Tearful
- Anger or Irritable
- Anxious or Stressed Out
- Change in Interaction with Friends or Family
- Stopping Activities or Hobbies

**HORMONES**

- Change in Hair Texture
- Always Cold
- Always Hot
- Excessive Sweating
- Always Thirsty
- Date of Last Menstrual Period: \_\_\_\_\_

**SLEEP**

- Difficulty Falling Asleep
- Waking Up in the Middle of the Night
- Does Not Feel Rested in the Morning

## FAMILY HISTORY

### PLEASE FILL OUT THE FRONT AND BACK

*If anyone in your family has been diagnosed with the following illnesses, please place a check mark and list which family members are affected.*

- Rheumatoid Arthritis: \_\_\_\_\_
  - Diagnosed with Arthritis as a Child or Teenager: \_\_\_\_\_
  - Arthritis in the Spine: \_\_\_\_\_
  - Lupus: \_\_\_\_\_
  - Scleroderma: \_\_\_\_\_
  - Sjogren's: \_\_\_\_\_
  - Hypothyroid (low thyroid): \_\_\_\_\_
  - Diagnosed with Diabetes as a Child or Teenager: \_\_\_\_\_
  - Celiac (cannot eat wheat products): \_\_\_\_\_
  - Psoriasis: \_\_\_\_\_
  - Ulcerative colitis or Crohn's : \_\_\_\_\_
  - Sarcoid: \_\_\_\_\_
  - Myositis (inflammation in the muscles): \_\_\_\_\_
  - Vasculitis (inflammation around the blood vessels): \_\_\_\_\_
  - Multiple Sclerosis: \_\_\_\_\_
  - Blood Clots : \_\_\_\_\_
  - Very Flexible Joints: \_\_\_\_\_
  - Multiple Joint Dislocations: \_\_\_\_\_
  - Aneurysm: \_\_\_\_\_
  - Heart Attack or Stroke less than 60 yrs of age: \_\_\_\_\_
  - Heart Valve Replacement less than 60 yrs of age: \_\_\_\_\_
  - Dislocation of the Lens in the Eye: \_\_\_\_\_
  - Pain Syndrome (such as fibromyalgia): \_\_\_\_\_
  - G6PD Deficiency: \_\_\_\_\_
  - Immune Deficiency: \_\_\_\_\_
  - Serious or Repeated Infections: \_\_\_\_\_
  - Recurrent Fevers: \_\_\_\_\_
  - Other Autoimmune Problem: \_\_\_\_\_
-

Other childhood illness requiring hospitalization or visits to a special doctor: \_\_\_\_\_

---

I don't know my child's biological mother's family history very well

I don't know my child's biological father's family history very well

My child is adopted and I don't know his / her family history