Welcome to Arthritis Specialists LTD

Your appointment is with Dr. __________________________
on: __________________________@____________________

PLEASE CALL OUR OFFICE TWO WORKING DAYS PRIOR TO YOUR SCHEDULED APPOINTMENT.

(CALL ON __________________________BY 12:00 NOON)

IF WE DO NOT HEAR FROM YOU BY THE DATE SPECIFIED, YOUR APPOINTMENT WILL BE CANCELLED.

To help us with your consultation, it would be helpful if you would fill out the enclosed forms so that we may know more about your reasons for joining our practice, and to assist you with your care. Along with your paperwork, we ask that you bring in your insurance card(s), photo I.D., copay and referral (if applicable). Thank you and we look forward to meeting you.

PLEASE ARRIVE 30 MINUTES BEFORE YOUR APPOINTMENT TIME

Arthritis Specialists LTD
8201 Atlee Road, Ste B
Mechanicsville, VA 23116
Phone (804) 730-5222
Fax (804) 730-5225

ENCLOSED ARE DIRECTIONS FOR YOUR USE

PLEASE FILL OUT FORMS COMPLETELY BEFORE ARRIVING
DIRECTIONS TO ARTHRITIS SPECIALISTS, LTD. ATLEE OFFICE
8201 ATLEE ROAD, SUITE B
MECHANICSVILLE, VA 23116
804.730.5222 - FAX: 804.730.5225

DIRECTIONS FROM FREDERICKSBURG:
MERGE ONTO I-95 S TOWARD RICHMOND.
MERGE ONTO I-295 VIA EXIT NUMBER 84A
ON THE LEFT-TOWARDS ROCKY MOUNT NC.
TAKE THE VA-627 W/MEADOWBRIDGE RD EXIT - NUMBER 38-B
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT
AND WE ARE THE L - SHAPED BRICK BUILDING ON THE RIGHT SIDE.

DIRECTIONS FROM RICHMOND/ CHESTERFIELD
MERGE ONTO I-95 N TOWARD WASHINGTON/I-95N
MERGE ONTO I-295 S VIA EXIT 84A TOWARD I-64 E/NORFOLK/ROCKY MT NC
TAKE THE MEADOWBRIDGE RD EXIT, EXIT 38B, TOWARD VA-627W
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT
AND WE ARE THE L - SHAPED BRICK BUILDING ON THE RIGHT SIDE

DIRECTIONS FROM SOUTH OF RICHMOND:
BEAR RIGHT ONTO 295 TOWARDS WILLIAMSBURG/VA BEACH
TAKE THE VA-627 W/MEADOWBRIDGE RD EXIT - NUMBER 38-B
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT
AND WE ARE THE L - SHAPED BRICK BUILDING ON THE RIGHT SIDE

DIRECTIONS FROM CHARLOTTESVILLE: ENTRANCE IN THE REAR OF BUILDING
MERGE ONTO I-64 E TOWARD RICHMOND
MERGE ONTO I-295 S VIA EXIT NUMBER 177 TOWARD
WASHINGTON/NORFOLK
TAKE THE VA-627 W/MEADOWBRIDGE RD EXIT - NUMBER 38B
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT
AND WE ARE THE L - SHAPED BRICK BUILDING ON THE RIGHT SIDE

DIRECTIONS FROM VA BEACH
MERGE ONTO I-64 WEST TOWARD RICHMOND
BEAR RIGHT ONTO I-295 N VIA EXIT NUMBER 200
TOWARD WASHINGTON
TAKE THE VA-627 W/ MEADOWBRIDGE RD EXIT - NUMBER 38B
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT
AND WE ARE THE L - SHAPED BRICK BUILDING ON THE RIGHT SIDE
**Arthritis Specialists, Ltd.**

### Patient Registration

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>S.S. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE AND ZIP</td>
<td></td>
</tr>
<tr>
<td>BIRTH DATE</td>
<td>AGE</td>
</tr>
<tr>
<td>MARITAL STATUS</td>
<td>PRIMARY PHONE</td>
</tr>
<tr>
<td>LANGUAGE</td>
<td>RACE</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>OCCUPATION</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>BUSINESS PHONE</td>
</tr>
<tr>
<td>EMERGENCY CONTACT</td>
<td>PHONE</td>
</tr>
<tr>
<td>ADDRESS (IF DIFFERENT FROM ABOVE)</td>
<td></td>
</tr>
<tr>
<td>FAMILY PHYSICIAN (IF ANY)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>REFERRING PHYSICIAN (IF ANY)</td>
<td>LOCATION</td>
</tr>
</tbody>
</table>

### Insurance Information (Name of Insurance Companies)

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
<th>TERTIARY</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Patient Authorization

I hereby authorize the release of medical information to my physician(s) or my insurance company.

In order to help us provide you with the best services possible, we have adopted the following billing policy:

I understand that I am responsible for payment of my bill in full, regardless of what my insurance pays.

In the event that the responsible party defaults on payment to this office for professional services rendered within the preceding 60 days, the responsible party agrees to pay to Arthritis Specialists, Ltd. expenses incurred in effecting collection of this account, including attorney’s fees equal to 33 1/3% of the balance due, as well as applicable court costs. These sums are expressly recognized to be in addition to the balance on the account at the time it is placed for collection.

Arthritis Specialists, Ltd. requires at least 24 hours notice for all appointment cancellations. If you are unable to provide 24 hours notice, you will be billed a $25.00 charge for your scheduled appointment time.

I request that the physicians and staff of Arthritis Specialists, Ltd. have any and all access to my electronic medical records for the purpose of providing me medical care.

I give my permission for physicians and staff of Arthritis Specialists, Ltd. to leave voice mails on my home phone or work phone.

By supplying my home phone number, mobile phone number, and any other personal contact information, I authorize my health care provider to employ a third-party automated outreach & messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s) to notify me of pending appointments.

Patient agrees that the physicians of Arthritis Specialists, Ltd. are specialists in Rheumatology and are not in any way practicing as Primary Care Physicians or General Internal Medicine Physicians for the patient. Furthermore, patient represents that he or she has a Primary Care Physician who serves him or her for general medical problems, both routine and emergency in nature.

Your signature below attests to your understanding and willingness to comply with the above policy. Thank you for your cooperation.

In the event one of Arthritis Specialists, Ltd.'s employees is exposed to your blood or body fluids, you consent to have your blood drawn to test for blood borne pathogens.

**Signature:** ___________________________ **Date:** ___________________________

### Lifetime Form

**Beneficiary Name:** ___________________________ **Health Insurance #:** ___________________________

I request that payment under the Medicare Insurance Program be made either to me or on my behalf to Arthritis Specialists, Ltd. for any services furnished by that physician/provider.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine those benefits or the benefits payable for related services.

**Beneficiary Signature:** ___________________________ **Date:** ___________________________
Arthritis Specialists, Ltd.

Name ____________________________ Date _______________ DOB _______________

Reason for Visit: ____________________________

<table>
<thead>
<tr>
<th>Past Medical History</th>
<th>No Known Medical History</th>
</tr>
</thead>
<tbody>
<tr>
<td>_Anxiety</td>
<td>________________________________</td>
</tr>
<tr>
<td>_Back Pain</td>
<td>_Arthritis</td>
</tr>
<tr>
<td>_Clots in Legs</td>
<td>_Cancer</td>
</tr>
<tr>
<td>_COPD</td>
<td>_Clots in Lungs</td>
</tr>
<tr>
<td>__Diabetes (Type I)</td>
<td>_Crohn’s Disease</td>
</tr>
<tr>
<td>__Gout</td>
<td>_Diabetes (Type II)</td>
</tr>
<tr>
<td>__Heart Disease</td>
<td>_Glaucoma</td>
</tr>
<tr>
<td>__High Cholesterol</td>
<td>_Heart Disease – Angina</td>
</tr>
<tr>
<td>__Kidney Stones</td>
<td>_Hepatitis</td>
</tr>
<tr>
<td>__Osteoarthritis</td>
<td>_Hypertension</td>
</tr>
<tr>
<td>__Peptic Ulcer Disease</td>
<td>_Intestinal Bleeding</td>
</tr>
<tr>
<td>__Rheumatoid Arthritis</td>
<td>_Lupus</td>
</tr>
<tr>
<td>__Strep Throat (Recent)</td>
<td>_Migraine Headache</td>
</tr>
<tr>
<td>__Underactive Thyroid</td>
<td>_Osteopenia</td>
</tr>
<tr>
<td>_ __Strep Throat (Recent)</td>
<td>_Osteoporosis</td>
</tr>
<tr>
<td>_ __Osteoporosis</td>
<td>_Peptic Ulcer Disease</td>
</tr>
<tr>
<td>_ __Intestinal Bleeding</td>
<td>_Prostate Trouble</td>
</tr>
<tr>
<td>_ __Migraine Headache</td>
<td>_Reflex Heart Burn</td>
</tr>
<tr>
<td>_ __Ulcerative Colitis</td>
<td>________________________________</td>
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<tr>
<td>_ __Sjogren’s</td>
<td>________________________________</td>
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Other:(not listed above) ____________________________

Surgical History/Operations (Please include date if possible)  No Known Surgical History

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________
Current Medications, Dosage and Frequency

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
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<tbody>
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Vitamins

No Known Medication

Allergies to Medications (Please include reaction if possible)

No Known Drug Allergies

Social History

( ) Married  ( ) Single  ( ) Divorced  ( ) Separated  ( ) Widowed

Employment – Occupation ____________________________________________

Current Smoking Status:  _Never Smoked_  _Smoke Every day_  _Smoke Some Days_

_Former Smoker (Packs per day___) How long have/did you smoked? _____Age Started____

Do you drink caffeinated beverages? ( ) No ( ) Yes Number per day? ______

Do you drink alcohol? ( ) No ( ) Yes Number per week? ______

Have you done any illicit drugs? ( ) No ( ) Yes

Family History (Please include relation if possible)

No Known Family History

<table>
<thead>
<tr>
<th><em>Ankylosing Spondylitis</em></th>
<th><em>Arthritis</em></th>
<th><em>Asthma</em></th>
<th><em>Cancer</em></th>
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<tr>
<th><em>Crohn’s Disease</em></th>
<th><em>Diabetes</em></th>
<th><em>Epilepsy/Seizure</em></th>
<th><em>Gout</em></th>
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<table>
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<tr>
<th><em>Heart Disease</em></th>
<th><em>High Blood Pressure</em></th>
<th><em>Kidney Disease</em></th>
<th><em>Lupus or SLE</em></th>
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</table>

<table>
<thead>
<tr>
<th><em>Mental Illness</em></th>
<th><em>Osteoarthritis</em></th>
<th><em>Osteoporosis</em></th>
<th><em>Psoriasis</em></th>
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</table>

<table>
<thead>
<tr>
<th><em>Psoriatic Arthritis</em></th>
<th><em>Rheumatoid Arthritis</em></th>
<th><em>Stroke</em></th>
<th><em>Tuberculosis</em></th>
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<table>
<thead>
<tr>
<th><em>Ulcerative Colitis</em></th>
<th>Other:</th>
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</thead>
<tbody>
<tr>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>
Review of Organ Systems: please mark the symptoms that you have on a regular basis.

**Constitutional**
- Recent weight gain, amount
- Recent weight loss, amount
- Fatigue
- Weakness
- Fever
- Night Sweats
- Hours of sleep per night
- Chills

**Head and Neck**
- Dry mouth
- Dry eyes
- Blurred vision
- Loss of vision
- Mouth ulcers
- Pain or redness of the eyes
- Tender Scalp
- Jaw pain while chewing food

**Pulmonary**
- Cough
- Wheeze
- Sputum production
- Shortness of breath
- Chest pain with deep breathing
- Coughing up blood

**Cardiovascular**
- Raynaud's
- Fingers White, Purple, Blue in cold
- Short of breath when lying flat
- Heart Pounding
- Chest pain/angina
- Swollen legs or feet
- Wake at Night to Sit Up and Catch breath
- Edema

**Gastrointestinal**
- Heartburn
- Trouble swallowing
- Nausea
- Blood
- Mucus
- Stomach Pain
- Diarrhea
- Constipation
- Blood in stool
- Black/tarry stools
- Hepatitis
- Yellow Skin/eyes

**Genitourinary**
- Burning while urinating
- Urinating Frequently
- Kidney stones
- Blood in urine
- Night time urination
- Prostate trouble
- Flank pain

**Musculoskeletal**
- Morning stiffness
- How long does the stiffness last?
- Joint pain
- Joint swelling
- Neck pain
- Back pain
- Muscle pain or tenderness
- Muscle nodules
- Deformities of the joint

**Hematologic/Lymphatic**
- Swollen glands
- Clots in Lungs or Legs
- Anemia
- Excess Bleeding

**Skin**
- Rash
- Psoriasis
- Tightness of the skin
- Nodules
- Sensitivity to sunlight
- Easy bruising
- Nail changes or pits
- Loss of hair all over or spots
- Facial rash

**Neurological**
- Epilepsy/seizures
- Muscle weakness
- Headaches
- Dizziness
- Fainting
- Muscle cramps
- Loss of coordination
- Fainting Spells
- Numbness/tingling

**Psychiatric**
- Anxiety
- Depression
- Suicidal thoughts
Routine Assessment of Patient Index Data

The RAPID3 includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3). RAPID3 scores are quickly tallied by adding subsets of the MD-HAQ as follows:

1. Please Check the ONE Best Answer for your Abilities At This Time:

<table>
<thead>
<tr>
<th>OVER THE LAST WEEK, were you able to:</th>
<th>Without ANY Difficulty</th>
<th>With SOME Difficulty</th>
<th>With MUCH Difficulty</th>
<th>UNABLE to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Dress yourself, including tying shoelaces and doing buttons?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>b. Get in and out of Bed?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>c. Lift a full cup or glass to your mouth?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>d. Walk outdoors on flat ground?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>e. Wash and dry your entire body?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>f. Bend down to pick up clothing from the floor?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>g. Turn regular faucets on and off?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>h. Get in and out of a car, bus, train, or airplane?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>i. Walk two miles or three kilometers, if you wish?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>j. Participate in recreational activities and sport as you would like, if you wish?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>k. Get a good night’s sleep?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>l. Deal with feelings of anxiety or being nervous?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
<tr>
<td>m. Deal with feelings of depression or feeling blue?</td>
<td>___0</td>
<td>___1</td>
<td>___2</td>
<td>___3</td>
</tr>
</tbody>
</table>

2. How Much Pain Have You Had Because of Your Condition OVER THE PAST WEEK?

Please Indicate Below How Severe Your Pain Has Been:

No Pain | Pain as Bad as it Could Be
--------|------------------------
0 | 0.5 | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 | 3.5 | 4.0 | 4.5 | 5.0 | 5.5 | 6.0 | 6.5 | 7.0 | 7.5 | 8.0 | 8.5 | 9.0 | 9.5 | 10

3. Considering all the Ways in Which Illness and Health Conditions May Affect You At This Time, Please Indicate Below How You Are Doing:

Very Well | Very Poorly
--------|------------------------
0 | 0.5 | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 | 3.5 | 4.0 | 4.5 | 5.0 | 5.5 | 6.0 | 6.5 | 7.0 | 7.5 | 8.0 | 8.5 | 9.0 | 9.5 | 10

CONVERSION TABLE

Near Remission (NR): 1=0; 2=0.7; 3=1.0
Low Severity (LS): 4=1.3; 5=1.7; 6-2.0
Moderate Severity (MS): 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0
High Severity (HS): 13=4.3; 14=4.7; 15=5.0; 16=5.3; 17=5.7; 18=6.0;
19=6.3; 20=6.7; 21=7.0; 22=7.3; 23=7.7; 24=8.0; 25=8.3; 26=8.7; 27=9.0;
28=9.3; 29=9.7; 30=10.0

HOW TO CALCULATE RAPID 3 SCORES

1. Ask the patient to complete questions 1, 2, and 3 while in the waiting room prior to his/her visit.
2. For question 1, add up the scores in questions A-J only (question K-M have been found to be informative, but are not scored formally). Use the formula in the box on the right to calculate the formal score (0-10). For example, a patient whose answers total 19 would score a 6.3. Enter this score as an evaluation of the patient’s functional status (FN).
3. For question 2, enter the raw score (0-10) in the box on the right as an evaluation of the patient’s pain tolerance (PN).
4. For question 3, enter the raw score (0-10) in the box on the right as an evaluation of the patient’s global estimate (PTGE).
5. Add the total score (0-30) from questions 1, 2, and 3 and enter them as the patient’s RAPID 3 cumulative score. Use the final conversion table to simplify the patient’s weighted RAPID 3 score. For example, a patient who scores 11 on the cumulative RAPID 3 scale would score a weighted 3.7. A patient who scores between 0-1.0 is defined as near remission (NR); 1.3-2.0 as low severity (LS); 2.3-4.0 as moderate severity (MS); and 4.3-10.0 as high severity (HS).
Dear Patient,

The appointment that you have made with our physician is a one hour consultation that has been set aside for you and you only.

At this time the physician will take an extended history from you and perform an extensive exam and evaluation.

If for some reason you cannot keep this appointment, you must call our office two business days in advance to cancel or reschedule. In not doing so, we will not be able to schedule another appointment for you until we have a $200.00 deposit to hold your appointment. After receiving your deposit, our office will call you and schedule the next available appointment.

We will refund this money back to you if you keep your appointment and gladly file any insurance that is applicable. If you do not keep your second appointment, the deposit is non-refundable.

Sincerely,

The Physicians & Staff of Arthritis Specialists, Ltd.