

# MARIETTA RHEUMATOLOGY ASSOCIATES, P.C.

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## INFUSION - HEALTH ASSESSMENT QUESTIONNAIRE

In order to determine if the Remicade Infusion may be given today, please answer the following questions.

In the past 1-2 weeks have you had any of the following symptoms?

<u>Symptom</u>	<u>Yes</u>	<u>No</u>	<u>Explain</u>
Fever/Chills/or Sweats	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antibiotic use	<input type="checkbox"/>	<input type="checkbox"/>	-----
Rash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headache	<input type="checkbox"/>	<input type="checkbox"/>	-----
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough/Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	-----
Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent TB exposure	<input type="checkbox"/>	<input type="checkbox"/>	-----
Blood in Urine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pain/Burning upon urination	<input type="checkbox"/>	<input type="checkbox"/>	-----
Nasal Discharge/Ear or Tooth Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	-----
Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	-----
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent Surgery	<input type="checkbox"/>	<input type="checkbox"/>	-----
Healing or infected wound	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous reaction to Remicade	<input type="checkbox"/>	<input type="checkbox"/>	-----
Are you possibly pregnant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Change in Medical / Surg. History	<input type="checkbox"/>	<input type="checkbox"/>	-----
New Medications / Allergies	<input type="checkbox"/>	<input type="checkbox"/>	-----

Have you taken premedication this morning? No \_\_\_ Yes \_\_\_, with Tylenol 1000mg \_\_\_, Claritin 10mg \_\_\_, Other \_\_\_\_\_

Signature / Date \_\_\_\_\_

Reviewed by \_\_\_\_\_

Printed Name:

Date of Birth: