Referral Questionnaire for Patients with Autoinflammatory Syndromes

Dear Patient or parent: Please complete the following questionnaire and fax it to 412-692-4313.

Patient Name: First Middle Last

Date of Birth: MM DD YYYY

Parents' Names, if a minor:

Home Address (may not be post office box):

Email address:

Phone Numbers: H: W: C:
Please indicate preferred number.

Is it OK to leave a message at any of the phone numbers listed above?

Primary Language Spoken:

Can you speak English fluently? Patient: Parents, if applicable

Referring physician: (Please include first and last name, specialty, address and phone number.)

Do you/your child get fevers? Yes No How high does the temperature go?

Have you/your child ever had genetic testing? If so, what were the results?

What is the ethnicity/ancestry from both sides of your family (if known)?

Paternal Maternal

Does anyone else in your family have similar episodes? Please include parents, children, siblings, aunts, uncles, and cousins.

Do you ever know when an episode is going to occur? If so, how?

How old were you/your child when you first had an attack? What was it like?

Have the episodes changed since then? If so, how?

How often do the episodes occur?

How long do the episodes typically last?

What is the longest duration? Shortest duration?

Do you notice a pattern?

Do you experience any of the following symptoms <u>during the attacks</u>? (Circle all that apply.) Please use an additional sheet to explain, if needed.

Diarrhea	Constipation	Nausea
Vomiting	Loss of appetite	Joint pain
Red or puffy eyes	Weight Loss	Swelling of the Joint(s)
Oral ulcers	Sore Throat	Swelling of the neck glands
Genital ulcers	Skin nodules	

Have you ever had a stroke?

Do you ever get skin rashes? If so, where does it occur? What does it look like (Flat/raised, color, welts, or blisters)? Please include photos, if possible.

Have you had recurring infections? Explain.

Have you had difficulty with hearing loss? If you have had testing done, please describe the results.

Have you ever taken any of the following medications? Did the medication help any? How?

Tylenol	Motrin	Cimetidine
Aleve	Prednisone	Enbrel (etanercept)
Remicade (infliximab)	Humira (adulimumab)	Kineret (anakinra)
Colchicine	Actemra (tocilizumab)	Ilaris (canakinumab)
Xeljanz (tofacitinib)	Olumiant (baricitinib)	**Other: list below**