

COMPREHENSIVE HISTORY

Name: _____ Age: _____ Date: _____

Primary Physician: _____ Referring Physician: _____

Reason for visit (why are you seeing a kidney doctor?):

Duration of problem:

PAST MEDICAL HISTORY

Serious Adult Illnesses: _____ Date: _____

- 1.
- 2.
- 3.
- 4.
- 5.

High blood pressure? _____ Kidney disease? _____

Diabetes? _____ Difficulty with urination? _____

Hospitalizations: _____ Date: _____

- 1.
- 2.
- 3.
- 4.
- 5.

Operations or serious accidents: _____ Date: _____

- 1.
- 2.
- 3.
- 4.
- 5.

Allergies (bad reactions) to medications, or medicines you cannot take _____ Side effects: _____

- 1.
- 2.
- 3.

Medicines you now take including any over the counter drugs (e.g. vitamins, pain killers, home remedies)

Medicine: _____ Dose: _____ How often: _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

FAMILY HISTORY

	Living	Dead	at Age	Illnesses / cause of death
Father				
Mother				
Siblings				
Children				

Family history of (who and what age):

- Hypertension _____
- Kidney failure _____
- Dialysis _____
- Nephritis _____
- Other (e.g. heart disease, cancer) _____
- _____
- _____

SOCIAL HISTORY

	YES	NO	
Married			
Working			Occupation
Tobacco use			Packs per day? How long?
Alcohol use			How much?

REVIEW OF SYSTEMS:		Name:		
Please note any recent or ongoing symptoms		Date:		
		YES	NO	Comments:
Constitutional:	Fever			
	Night sweats			
	Use any non-prescription medications			
Eyes:	Change in vision			
	Wear glasses			
	Double vision			
Ears, nose, mouth, throat:	Laser treatments			
	Change in hearing			
	Bleeding gums			
Cardio-vascular:	Chest pain			
	Palpitations			
	Trouble sleeping flat at night			
	Waking up with shortness of breath			
	Pain in calves while walking			
Respiratory:	Ankle swelling			
	Shortness of breath			
	Cough			
	Sputum production			
Gastro-intestinal:	Loud snoring interfering with sleep			
	Change in appetite			
	Nausea/vomiting			
	Diarrhea			
	Constipation			
	Change in bowel movements			
Genitourinary:	Blood in stool			
	Pain or burning with urination			
	Frequency of urination			
	Blood in urine			
Musculo-skeletal:	Urinate frequently at night			
	Joint aches or pains			
Integumentary:	Joint swelling			
	Skin rashes			
Neurologic:	Change in warts or moles			
	Severe or new headache			
Endocrine:	Focal weakness or numbness			
	Thyroid problems			
Hematologic /lymphatic:	High cholesterol			
	Anemia			
Men:	Previous blood transfusion			
	Date of last prostate exam			
Women:	Date of last PSA			
	Date of last period/date of menopause			
	Date of last Pap smear/pelvic exam			
	Date of last mammogram			
Any other concerns:	Recent vaginal bleeding			