The Nephrology Group, Inc.

Name:_____

Communication:
Information obtained from: Patient, spouse, parent, child, other relative, friend other: _____ Phone Interview Can the patient speak English? N Y Primary language spoken?_____
Can the patient read English? N Y Primary language written? _____
Do you need an interpreter? N Y

PMH: Past Medical History Of

_____ High Cholesterol _____ Blood clots to lung/legs _____ Ulcers of Stomach _____ Cancer or Leukemia _____ Thyroid
_____ High Blood Pressure _____ Stroke(s) _____ Diverticulosis _____ Alzheimer's or Dementia _____ Arthritis
_____ Heart Attack(s) _____ Diabetes _____ Hiatal Hernia _____ Seizures _____ Prostate Problems
_____ Angina _____ Asthma _____ Liver Disease _____ Low back pain problems _____ Ovary/Uterus Prob.
_____ Irregular Heart Beat _____ Emphysema/COPD _____ Hepatitis _____ Immune deficiency _____ Dialysis
_____ Heart Murmur _____ Pneumonia _____ Anemia _____ Glaucoma _____ Chronic Pain
_____ Rheumatic Fever _____ Kidney Stones _____ Radiation Therapy _____ Infectious Process _____ Sleep Apnea
_____ Congestive Heart Fail. _____ Kidney Infection _____ Chemotherapy _____ Renal Failure _____ Diabetic Retina Dis.

SxHx : Has patient had Surgeries or procedures? Indicate year if able; otherwise use a check/circle

_____ Open Heart _____ Gall Bladder _____ Hip Repair _____ Cataracts/eyes/laser surgery _____ Pacemaker
_____ Angioplasty-Balloon _____ Appendix _____ Ankle or Knee _____ Ears or tonsils _____ Implanted Defibrillator
_____ Artery Surgery _____ Bowel Blockage _____ Back or Neck _____ Tubes tied _____ IV Device
_____ Ostomy _____ Stomach _____ Mouth _____ Uterus or Ovaries _____ VP Shunt
Type: _____ Kidney Stone Removal

PSFH: Family History of

Hypertension Diabetes Cancer

Personal History

Alcohol use Cigarettes Illicit drugs

Social History

Married Widowed Occupation Living Situation

ROS: Recent Symptoms

General

1. Weight change: amt. _____
   Time Frame _____
2. Fever/Chills or Sweats
3. Tired all the time
4. Loss of appetite
   Time Frame _____
5. Poor Appetite
   Time Frame _____

Head & Neck

Headaches-
What pain medication is used?
How often?
How long has med been taken?

Eyes

6. Worsening vision
7. Eye discharge
8. Temporary loss of vision

Ears, Nose Mouth and Throat

9. Ringing in the ears
10. Nosebleeds
11. Runny or stuffy nose
12. Sore throat
13. Difficulty swallowing
14. Hoarse voice

Respiratory

15. Short of breath at rest
16. Short of breath on exertion
17. Cough
18. Wheezing
19. Phlegm
10. Major Pulmonary infection
    Pneumonia
    Bronchitis

Cardiovascular

21. Chest pains or pressure
22. Racing heart
23. Irregular heart beats
24. Wake up short of breath
25. Need 2+ pillows at night
26. Leg cramps from walking
27. Swelling of extremities
28. Fatigue
29. Dizziness

Chest (Breasts)

30. Breast lump
30. Discharge

Gastrointestinal

32. Heart Burn
33. Stomach pains
34. Nausea
35. Vomiting
36. Vomiting blood
37. Difficulty swallowing

Change in Bowel Movement

39. Black color
40. Bloody
41. Diarrhea
42. Constipation

Genitourinary

46. Painful urination
47. Frequent urination
48. # or times you urinate at night
49. Hard to urinate
50. Blood in urine

Hematologic/Lymphatic

57. Bleed easily
58. Bruise easily
59. Swollen glands

Blood/Transfusion Information

60. Previous blood transfusion
61. Designated donor

Musculoskeletal

63. Joint/Muscle swelling or pain
64. Back or neck pain
65. Leg swelling
66. Unable to walk on own
67. Type of device needed

_____

68. Bed ridden

How long: _____
What pain medication is used?
How often?
How long has med been taken?

Skin

69. Rash
70. Sores or wounds
71. Itchy

Skin Cancer

Neurologic

72. Convulsions/seizures
73. Passing out
74. Headaches
75. Loss of memory
76. Numbness/tingling

Psychiatric

77. Depressed feelings
78. Anxious or panic feelings
79. Can't sleep due to worries

Endocrine

80. Hair or skin change
81. Thirsty often
82. Weight change
83. Energy change

No thyroid or any other endocrinopathy
On Thyroid Medications?
How long?
Medication Allergies?

Allergy/Immune

84. Hives
85. Sneezing
86. Sweats and chills
87. Recent steroid use
88. Other

_____
_____
_____