

ASSOCIATES IN NEPHROLOGY

New Patient Questionnaire

Patient Name: _____ DOB: _____

Reason for today's visit: _____

Past Medical History:

h/o = history of

Cardiology

- Yes h/o Hypertension
- Yes h/o Rhythm disorder
- Yes h/o Heart Disease
- Yes h/o CAD
- Yes h/o Valvular disorder
- Yes h/o PVD
- Yes h/o Congestive heart failure

Endocrine

- Yes h/o Hyperparathyroidism
- Yes h/o Diabetes __ I __ II
- Yes h/o High cholesterol
- Yes-Thyroid disorder

Rheumatology

- Yes h/o Immune disorder
- Yes h/o Gout
- Yes h/o Osteoporosis
- Yes h/o Osteoarthritis

Pulmonary

- Yes h/o Pulmonary HTN
- Yes h/o COPD
- Yes h/o Pneumonia

Gastrointestinal

- Yes h/o GERD
- Yes h/o Gastroparesis
- Yes Pepsid ulcers
- Yes Gallbladder disorder
- h/o Hepatitis

Neuro

- Yes h/o Neuropathy
- Yes h/o TIA
- Yes h/o CIA

Ophthalmology

- Yes h/o Retinopathy
- Yes h/o Glaucoma
- Yes h/o Cataract

Infectious Disease

- Yes h/o HIV
- Yes h/o TB
- Yes h/o MDRO

Hematologic

- Yes h/o Blood Transfusion
- Yes h/o Malignancy
- Yes h/o Bleeding disorder

Critical Care

- Yes h/o Trauma
- Yes h/o Shock

Psychological

- Yes h/o Depression
- Yes h/o Anxiety
- Yes h/o Dementia

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Past Surgical History

Head and Neck

- Yes h/o eye surgery for cataracts
- Yes h/o Laser surgery
- Yes h/o Tonsillectomy
- Yes Oral Surgery-tooth extraction
- Yes h/o Thyroid surgery

Vascular

- Yes h/o CABG
- Yes h/o Angioplasty
- Yes Pacemaker
- Yes Thromboendarterectomy
- Yes IV Catheter Placement
- Yes h/o Creation of A-V Fistula
- Yes h/o Surgery -Aneurysm
- Yes h/o Angioplasty
- Yes h/o Vascular Bypass

Gastrointestinal

- Yes h/o Surgery for an ulcer
- Yes h/o Gallbladder removal
- Yes h/o Endoscopy
- Yes h/o Small Bowel Resection
- Yes h/o Large Bowel Resection
- Yes h/o Hemorrhoidectomy
- Yes h/o Appendectomy

GU

- Yes h/o Hysterectomy
- Yes h/o Prostatectomy
- Yes h/o Kidney stone removal
- Yes h/o Cystoscopy
- Yes h/o Renal Dialysis
- Yes Nephrectomy -side ____
- Yes h/o Renal Transplant- Year: ____
- Yes h/o Renal Biopsy

Orthopedic

- Yes h/o Joint Replacement
- Yes h/o Amputation

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Social History

Behavioral History

- Yes No Caffeine Use
 Yes No Alcohol Use
 Yes No Drug Use

Living Situation

- Yes Living Independently
 Yes Living in Assisted Living facility
 Yes Home living secure and supportive

Work History

- Yes -Working Fulltime
 Yes -Working Part-time
 Yes -Retired

Marital Status

- Yes -Never married
 Yes -Currently Married
 Yes -Previously Married

Smoking Status:

- Current every day smoker
 Current some days smokers
 Former smoker
 Never smoked

Family History

- | | |
|--|---|
| <input type="checkbox"/> Yes -Diabetes | <input type="checkbox"/> Yes Kidney Disease |
| <input type="checkbox"/> Yes HTN | <input type="checkbox"/> Yes Heart Disease |
| <input type="checkbox"/> Yes -High Cholesterol | <input type="checkbox"/> Yes Cancer/Type: _____ |
| <input type="checkbox"/> Yes Stroke | <input type="checkbox"/> Yes -Genetic Diseases |

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Review of Current Symptoms (ROS 1)

Please check appropriate box for any symptoms you are feeling now.

Constitutional

- Yes No-Feeling tired or poorly
 Yes No- Fever
 Yes No- Recent change in weight

Urinary

- Yes No-Blood in Urine
 Yes No-Pain during Urination
 Yes No-Changes in Urinary Habits

(ROS2)

Respiratory

- Yes No-Difficulty Breathing
 Yes No- Awakening pm short of breath
 Yes No-Sleeping upright

ENT

- Yes No-Loss of hearing
 Yes No-Mouth sores
 Yes No-Sore throat

Endocrine

- Yes No-Excessive thirst/Fluid intake
 Yes No-Temperature intolerance

Integument

- Yes No- Sudden redness of skin
 Yes No-Itching
 Yes No-Lesions/wounds

Gastrointestinal

- Yes No- Change in appetite
 Yes No-Nausea
 Yes No- Vomiting

Cardiac

- Yes No-Chest pain/discomfort
 Yes No- Palpitations
 Yes No- Leg pain with exercise

Musculoskeletal

- Yes No-Diffused joint pain
 Yes No- Localized joint pain
 Yes No- Limb swelling

Neurologic

- Yes No- Lightheadedness
 Yes No- Confusion or disoriented
 Yes No-Taste disturbances

Psychological

- Yes No-Changes in mood
 Yes No- Changes in sleep habits

Other Systems

- Yes No- Eye symptoms
 Yes No-Hematological

dy/7/19