NORTH CAROLINA NEPHROLOGY, P.A.

1-877-NCN-NCN9 (1-877-626-6269)

MEDICAL HISTORY
(Confidential)

Patient's Name: ____
First MI Last

Date of Birth: ____________________ Soc Sec #: ____________________

What is the reason for your visit? ________________________________

Please √ if you have ever had any of the following. Use the _____ space to provide details and/or year of onset.

KIDNEY DISEASE

□ CKD: □ Stage 1 □ Stage 2 □ Stage 3 □ Stage 4 □ Stage 5 □ Unknown

□ Transplant: Year: ____________________

Type: □ Cadaveric □ Living Related □ Living Unrelated

□ Dialysis: Year: ____________________ Type: □ Hemodialysis □ Peritoneal Dialysis

□ Polycystic kidney disease

□ Acute kidney injury Details: ______________________________________

□ Glomerulonephritis

DIABETES

□ Diabetes Type 1
□ Diabetes Type 2
□ Diabetes Type Unknown

□ **STROKE** Yr: _________

□ **GOUT**

ISCHEMIC HEART DISEASE

□ Heart Attack Yr: _________
□ Angina
□ Angioplasty: Yr: _________
□ Coronary Stent Yr: _________
□ CABG Yr: _________

CANCER

□ Lung ____________
□ Breast ____________
□ Prostate ____________
□ Colon ____________
□ Melanoma ____________
□ Bladder ____________
□ Lymphoma ____________
□ Kidney ____________
□ Thyroid ____________
□ Leukemia ____________
□ Endometrial ____________
□ Pancreatic ____________
□ Other: ______________________________________

ENT

□ Blindness
□ Cataracts
□ Hearing Problems
□ Glaucoma

CARDIOVASCULAR

□ High blood pressure
□ Ischemic heart disease
□ Atrial fibrillation
□ Pacemaker
□ High cholesterol
□ AICD
□ Valvular heart disease
□ Congestive heart disease
□ Mitral valve prolapse

Patient Name: ____________________ Date of Birth: ____________

MEDICAL HISTORY - CONTINUED (CONFIDENTIAL)

RESPIRATORY

- □ COPD
- □ Chronic bronchitis
- □ Asthma
- □ Emphysema
- □ Pneumonia
- □ Tuberculosis
- □ Sleep apnea

HEMATOLOGY

- □ Anemia
- □ Sickle cell disease
- □ Sickle cell trait
- □ Blood transfusion
- □ Thalassemia

GASTROINTESTINAL

- □ GERD (gastric reflux)
- □ Stomach/bowel ulcers
- □ Gall bladder disease
- □ Hepatitis
- □ Inflammatory bowel disease
- □ Irritable bowel syndrome
- □ Gluten intolerance
- □ Lactose intolerance

IMMUNO/ALLERGY

- □ HIV
- □ AIDS
- □ Rheumatoid arthritis
- □ Lupus

GENITOURINARY

- □ Enlarged prostate
- □ Kidney stones
- □ Frequent UTIs

OB HISTORY

- □ Preeclampsia
- □ Pregnancy induced hypertension
- □ Gestational diabetes
- □ History of complicated pregnancy

MUSCULOSKELETAL

- □ Osteoarthritis
- □ Osteoporosis

NEUROLOGIC

- □ Multiple sclerosis
- □ Seizures
- □ Parkinson's
- □ Dementia

PSYCHIATRIC

- □ Depression
- □ Anxiety disorder

ENDOCRINE

- □ Hypothyroidism
- □ Hyperthyroidism
- □ Hyperparathyroidism
- □ Adrenal insufficiency

SURGICAL HISTORY

- □ Appendectomy Year: ____________
- □ CABG Year: ____________
- □ Carotid endarterectomy Year: ____________
- □ Cataract surgery Year: ____________
- □ D & C Year: ____________
- □ Gall bladder removal Year: ____________
- □ Gastric bypass Year: ____________
- □ Hemorrhoidectomy Year: ____________
- □ Hernia repair Year: ____________
- □ Hip replacement Year: ____________
  - □ Left □ Right □ Bilateral
- □ Knee replacement Year: ____________
  - □ Left □ Right □ Bilateral
- □ Hysterectomy Year: ____________
- □ Prostatectomy Year: ____________
- □ Nephrectomy Year: ____________
- □ Renal transplant Year: ____________
- □ Thyroidectomy Year: ____________
- □ Tonsillectomy Year: ____________
- □ Valve replacement Year: ____________
- □ AV fistula Year: ____________
- □ AV graft Year: ____________
- □ PD Catheter Year: ____________
- □ Other: ______________________________

Patient Name: ______________________________ Date of Birth: ______________

FAMILY HISTORY

Do the following family members have any of the following medical conditions?

Kidney Disease	□ Father	□ Mother	□ Sibling	□ Child
Diabetes	□ Father	□ Mother	□ Sibling	□ Child
High Blood Pressure	□ Father	□ Mother	□ Sibling	□ Child
Ischemic Heart Disease	□ Father	□ Mother	□ Sibling	□ Child
Cancer	□ Father	□ Mother	□ Sibling	□ Child
Stroke	□ Father	□ Mother	□ Sibling	□ Child
Gout	□ Father	□ Mother	□ Sibling	□ Child
Adult Polycystic Kidney Disease	□ Father	□ Mother	□ Sibling	□ Child
Dementia	□ Father	□ Mother	□ Sibling	□ Child

FAMILY HISTORY – STATUS

Father: □ Living
□ Deceased Age at death: _____ Cause of Death: ______________________
□ Unknown

Mother: □ Living
□ Deceased Age at death: _____ Cause of Death: ______________________
□ Unknown

Other Family History not listed above:

____

____

____

Patient Name: ______________________________ Date of Birth: ______________

SOCIAL HISTORY

Current Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Living Arrangement: ☐ Alone ☐ Spouse ☐ Significant Other ☐ Family member

☐ In home caregiver ☐ Assisted living facility

Occupation: ☐ Retired ☐ Employed ☐ Student ☐ Unemployed

Current/former occupation: ______________________________

Funcational/Cognitive:

☐ No impairment
☐ Hearing loss
☐ Limited mobility
☐ Memory deficit
☐ Poor vision or blindness
☐ Transportation challenges

SOCIAL HISTORY – HABITS

Tobacco use : ☐ Never used ☐ Current user ☐ Former user ☐ Unknown

☐ Cigarettes ☐ Chewing tobacco ☐ Pipes ☐ Snuff ☐ Cigars

If a former user, what year did you quit? ______________

If a current/former smoker, how often do/did you smoke?

☐ Every day ☐ Some days ☐ Unknown

How many packs per day do/did you smoke? ______________ packs per day

How many total years have you smoked? ______________ Years

Alcohol Use: ☐ Never used ☐ Current user ☐ Former user

☐ Occasional social drink ☐ 1-2 drinks per day ☐ 3 or more drinks per day

If a former user, what year did you quit? ______________

Recreational Drug Use: ☐ Never used ☐ Current user ☐ Former user: Year quit: ________

☐ Marijuana ☐ Heroin ☐ Cocaine ☐ Amphetamines
☐ Ectasy ☐ Barbiturates ☐ LSD ☐ Opium
☐ Other ______________________________

Other Social History not listed above: ______________________________

____

____

Patient Name: ______________________________ Date of Birth: ______________

REVIEW OF SYSTEMS

Constitutional

- ☐ Fever
- ☐ Weight gain
- ☐ Weight loss
- ☐ Fatigue
- ☐ Chills
- ☐ Weakness

HEENT

- ☐ Vision impaired
- ☐ Eye pain
- ☐ Redness
- ☐ Color blindness
- ☐ Double vision
- ☐ Hearing loss
- ☐ Ear pain
- ☐ Sinus problems
- ☐ Sore throat
- ☐ Nose bleeds
- ☐ Headache
- ☐ Hoarseness
- ☐ Tinnitus
- ☐ Vertigo

Respiratory

- ☐ Shortness of breath
- ☐ Shortness of breath at rest
- ☐ Shortness of breath with activity
- ☐ Pain with breathing
- ☐ Cough
- ☐ Wheezing
- ☐ Blood in sputum
- ☐ Night sweats

Cardiovascular

- ☐ Chest pain
- ☐ Palpitations
- ☐ Claudication
- ☐ Orthopnea
- ☐ Edema
- ☐ PND

Gastrointestinal

- ☐ Abdominal pain
- ☐ Nausea
- ☐ Diarrhea
- ☐ Heartburn
- ☐ Vomiting
- ☐ Constipation
- ☐ Anorexia
- ☐ Trouble swallowing
- ☐ Indigestion

Genitourinary

- ☐ Urinary urgency
- ☐ Urinary burning or pain
- ☐ Blood in urine
- ☐ Urinary frequency
- ☐ Urinary hesitancy
- ☐ Foamy urine
- ☐ Incontinence
- ☐ Nocturia

Musculoskeletal

- ☐ Back pain
- ☐ Arm weakness
- ☐ Muscle pain
- ☐ Leg weakness
- ☐ Neck pain
- ☐ Joint pain

Skin

- ☐ Rash
- ☐ Itching
- ☐ Scaling
- ☐ Dryness
- ☐ Color change

Neurologic

- ☐ Numbness
- ☐ Tremors
- ☐ Seizures
- ☐ Tingling
- ☐ Fainting

Psychiatric

- ☐ Depression
- ☐ Insomnia
- ☐ Anxiety

Endocrine

- ☐ Heat intolerance
- ☐ Cold intolerance
- ☐ Excessive thirst
- ☐ Excessive urination

Hematology

- ☐ Bleeding gums
- ☐ Easy bruising

Immuno/Allergy

- ☐ Seasonal allergies
- ☐ Hives