HUNTSVILLE RENAL CLINIC, P.C.

Health History (Confidential)

Name: ❑ M ❑ F *(Last, First, M.I.)*	DOB:
Reason for visit?	
Have you had a flu shot? ❑ Yes ❑ No If yes, where and when did you receive? _____	

PAST MEDICAL HISTORY - COMMON DISEASES

Do you have a personal history of any of the following?

Kidney Disease	❑ CKD Stage: 1 2 3 4 5 ❑ Transplant ❑ Cadaveric ❑ Living-Related ❑ Living-Unrelated ❑ Dialysis ❑ HD ❑ PD ❑ Polycystic Kidney Disease ❑ Acute Kidney Injury ❑ Glomerulonephritis
Diabetes	❑ Type 1 ❑ Type 2 ❑ Type Unknown
High Blood Pressure	❑ Yes ❑ No
Ischemic Heart Disease	❑ Heart Attack ❑ Angina ❑ Angioplasty ❑ Coronary Stent ❑ CABG (Coronary Artery Bypass Graft)
Cancer	❑ Lung ❑ Breast ❑ Prostate ❑ Colon ❑ Melanoma ❑ Bladder ❑ Lymphoma ❑ Kidney ❑ Thyroid ❑ Leukemia ❑ Endometrial ❑ Pancreatic
Stroke	❑ Stroke
Gout	❑ Gout

PAST MEDICAL HISTORY - ADDITIONAL CONDITIONS

Do you have a personal history of any of the following?

EENT	❑ Blindness ❑ Cataracts ❑ Hearing Problems ❑ Glaucoma
Cardiovascular	❑ Atrial Fibrillation ❑ Pacemaker ❑ AICD (cardiac Defibrillator) ❑ Valvular Heart Disease ❑ Congestive Heart Failure ❑ Mitral Valve Prolapse
Respiratory	❑ COPD ❑ Chronic Bronchitis ❑ Asthma ❑ Emphysema ❑ Pneumonia ❑ Tuberculosis ❑ Sleep Apnea
Gastrointestinal	❑ GERD (Gastric Reflux) ❑ Stomach/Bowel Ulcers ❑ Gall Bladder Disease ❑ Hepatitis ❑ Inflammatory Bowel Disease ❑ Irritable Bowel Syndrome ❑ Gluten Intolerance ❑ Lactose Intolerance
Genitourinary	❑ Enlarged Prostate ❑ Kidney Stones ❑ Frequent UTIs (Urinary Tract Infections)
OB History	❑ Preeclampsia ❑ Pregnancy Induced Hypertension ❑ Gestational Diabetes ❑ History of Complicated Pregnancy
Musculoskeletal	❑ Osteoarthritis ❑ Osteoporosis
Neurological	❑ Multiple Sclerosis ❑ Seizures ❑ Parkinson's ❑ Dementia
Psychiatric	❑ Depression ❑ Anxiety Disorder
Endocrine	❑ Hypothyroidism ❑ Hyperthyroidism ❑ Adrenal Insufficiency
Hematology	❑ Anemia ❑ Sickle Cell Disease ❑ Sickle Cell Trait ❑ Blood Transfusion ❑ Thalassemia
Immuno/Allergy	❑ HIV ❑ AIDS ❑ Rheumatoid Arthritis ❑ Lupus

PAST MEDICAL HISTORY - SURGERY HISTORY

Have any of the following surgeries been performed on you?

- ❑ Appendectomy
- ❑ CABG
- ❑ Carotid Endarterectomy
- ❑ Cataract Surgery
- ❑ D & C
- ❑ Gall Bladder Removal
- ❑ Gastric Bypass
- ❑ Hemorrhoidectomy
- ❑ Hernia Repair
- ❑ Hip Replacement ❑ Left ❑ Bilateral ❑ Right
- ❑ Knee Replacement ❑ Left ❑ Bilateral ❑ Right
- ❑ Hysterectomy
- ❑ Prostatectomy
- ❑ Nephrectomy
- ❑ Renal Transplant
- ❑ Thyroidectomy
- ❑ Tonsillectomy
- ❑ Valve Replacement
- ❑ AV Fistula
- ❑ PD Catheter
- ❑ Other: _____

OTHER HEALTH PROBLEMS NOT LISTED ABOVE:

FAMILY HISTORY - ILLNESS

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	**ADPKD**	❑ Father ❑ Mother ❑ Sibling ❑ Child
Dementia	❑ Father ❑ Mother ❑ Sibling ❑ Child		

FAMILY HISTORY - STATUS

Father	❑ Living	❑ Unknown	❑ Deceased	❑ Age at Death: _____	❑ Cause of Death: _____
Mother	❑ Living	❑ Unknown	❑ Deceased	❑ Age at Death: _____	❑ Cause of Death: _____

OTHER FAMILY HISTORY NOT LISTED ABOVE:

SOCIAL HISTORY - GENERAL

Current Marital Status	❑ Married ❑ Separated ❑ Single ❑ Widowed ❑ Divorced
Living Arrangement	❑ Alone ❑ Family Member ❑ Spouse ❑ In Home Caregiver ❑ Significant Other ❑ Assisted Living Facility
Occupation	❑ Retired ❑ Unemployed ❑ Employed ❑ Full-time ❑ Part-time ❑ Student List your Current or Former Occupation: _____
Deficits	❑ Hearing Loss ❑ Limited Mobility ❑ Poor Vision or Blindness ❑ Transportation Challenges

SOCIAL HISTORY - HABITS

Tobacco Use	❑ Current User ❑ Former User ❑ Never Used ❑ Unknown ❑ Cigarettes ❑ Chewing Tobacco ❑ Pipes ❑ Snuff ❑ Cigars If a former user, what year did you quit? _____ **Complete the following section if you are a current or former cigarette user:** How often do you currently smoke or how often did you smoke before you quit? ❑ Every Day ❑ Some Days ❑ Unknown How many packs per day do you currently smoke or how many packs per day did you smoke before you quit?_____ How many total years have you used cigarettes? _____
Alcohol Use	❑ Current User ❑ Former User ❑ Never Used ❑ Occasional ❑ 1-2 per Day ❑ 3 or more per Day If a former user, what year did you quit? _____
Recreational Drug Use	❑ Current User ❑ Former User ❑ Never Used Drug of choice: _____ If a former user, what year did you quit? _____

OTHER SOCIAL HISTORY NOT LISTED ABOVE:

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 ❑ At Rest ❑ With Activity ❑ Pain with Breathing ❑ Cough ❑ Wheezing ❑ Blood in Sputum ❑ Night Sweats
Cardiovascular	❑ Chest Pain ❑ Palpitations ❑ Claudication ❑ Orthopnea ❑ Edema ❑ PND (Paroxysmal Nocturnal Dyspnea)
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 ❑ Neck Pain ❑ Joint Pain ❑ Muscle Pain ❑ Arm Weakness ❑ Left ❑ Right ❑ Both ❑ Leg Weakness ❑ Left ❑ Right ❑ Both
Skin	❑ Rash ❑ Itching ❑ Scaling ❑ Dryness ❑ Color Change
Neurological	❑ 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

OTHER REVIEW OF SYSTEMS NOT LISTED ABOVE: