

PATIENT PAST MEDICAL HISTORY QUESTIONNAIRE

RENAL MEDICAL ASSOCIATES

KIDNEY DISEASE:

- Chronic Kidney Disease – Stage ___
- Transplant
- Dialysis
- Polycystic Kidney Disease (PKD)
- Acute Renal Failure (Acute Kidney Injury)
- Glomerulonephritis
- Proteinuria
- OTHER _____

EYES, EARS, NOSE, AND THROAT:

- Blindness
- Cataracts
- Hearing Problems
- Glaucoma
- Macular Degeneration
- OTHER _____

ENDOCRINE:

- Diabetes
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (over-active thyroid)
- Adrenal insufficiency
- OTHER _____

CARDIAC:

- Chest Pain (Angina)
- High Blood Pressure
- High Cholesterol
- Heart Attack
- Angioplasty
- Coronary Stent
- By-Pass (CABG)
- Congestive Heart Failure
- Heart Murmur
- Valvular Heart Disease
- Mitral Valve Prolapse
- Atrial Fibrillation
- Pacemaker
- AICD
- OTHER _____

RESPIRATORY:

- Chronic Cough
- Asthma
- COPD
- Chronic Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis (TB)
- Sleep apnea
- OTHER _____

DIGESTIVE:

- Gastroesophageal Reflux (GERD)
- Stomach / Bowel Ulcers
- Gall bladder disease
- Liver Disease
- Hepatitis – Type (A, B, C, D) _____
- Hemorrhoids
- Colitis
- Irritable bowel (IBS)
- Gluten Intolerance / Allergy
- Lactose Intolerance
- OTHER _____

URINARY:

- Kidney Stones
- Frequent UTIs (urinary tract infections)
- Prostate Enlargement
- OTHER _____

OB HISTORY (FEMALES ONLY):

- Preeclampsia
- Pregnancy induced hypertension
- Gestational Diabetes
- History of complicated pregnancy
- OTHER _____

MUSCULAR / SKELETAL:

- Gout
- Osteoarthritis
- Osteoporosis
- Arthritis
- Back Pain
- OTHER _____

HEMATOLOGIC (BLOOD):

- Anemia
- Bleeding problems
- Blood Transfusions
- Sickle Cell Disease
- Sickle cell trait
- Thalassemia
- Cancer – What type(s) _____
- OTHER _____

NEUROLOGICAL:

- Stroke
- Multiple Sclerosis
- Seizures
- Parkinson's
- Dementia
- Alzheimers
- OTHER _____

PATIENT PAST MEDICAL HISTORY QUESTIONNAIRE

PSYCHIATRIC:

- Depression
- Anxiety
- Eating Disorders
- OTHER _____

IMMUNO / ALLERGY:

- HIV
- AIDS
- Rheumatoid Arthritis
- Lupus
- OTHER _____

SURGICAL HISTORY: (PLEASE LIST ALL PAST SURGERIES & DATES):

SOCIAL HISTORY:

MARITAL STATUS:

- Married
- Widowed
- Divorced
- Single
- Separated

LIVING ARRANGEMENT:

- Alone
- Spouse
- Family Member
- In home caregiver
- Significant Other
- Assisted Living or Nursing Facility

OCCUPATION:

- Retired: (previous occupation) _____
- Employed: (current occupation) _____
- Unemployed

DEFICITS:

- Hearing loss
- Limited mobility: _____
- Poor vision / Blindness
- Transportation challenges

HABITS:

1. Tobacco Use: (CIRCLE ALL THAT APPLY)

Cigarettes / Chewing Tobacco / Pipes / Cigar / Snuff

- Current user
- Former user Date Quit: _____
- Never used

2. Alcohol Use:

- Current user (select one)
Occasional / Everyday
- Former user Date Quit: _____
- Never used

3. Recreational Drug Use:

- Type(s): _____
- Current user
 - Former user
 - Never useer

FAMILY HISTORY:

Mother (circle one) Living / Deceased

If deceased: age at death _____

Cause of death _____

Father (circle one) Living / Deceased

If deceased: age at death _____

Cause of death _____

FAMILY ILLNESSES:

Any Relatives (*mother, father, sibling(s), child*) with the following?: (CHECK ALL THAT APPLY AND WRITE RELATION)

- Kidney Disease / Who? _____
- Diabetes / Who? _____
- High Blood Pressure / Who? _____
- Heart Disease / Who? _____
- Cancer / Type / Who? _____
- Polycystic Kidney Disease (PKD) / Who? _____
- Gout / Who? _____
- Stroke / Who? _____
- Dementia / Who? _____
- OTHER / Who? _____