NAMC
NEPHROLOGY ASSOCIATES OF MONTGOMERY COUNTY

Nephrology Associates of Montgomery County

Kidney Diseases and Hypertension

MEDICAL HISTORY FORM

PLEASE FILL OUT THE FORM AS ACCURATELY AS POSSIBLE.
THE INFORMATION WILL BE ENTERED INTO YOUR PERMANENT RECORD

NAME:_____ **DOB:** _____

A. DO YOU HAVE:

	YES	NO	M.D. NOTES
KNOWN KIDNEY DISEASE	☐	☐	
URINATION AT NIGHT	☐	☐	
FREQUENT URINATION	☐	☐	
BURNING ON URINATION	☐	☐	
DIFFICULTY URINATING	☐	☐	
SINUSITIS	☐	☐	
PROTEIN / FOAMY URINE	☐	☐	
BLOOD IN URINE	☐	☐	
KIDNEY STONES	☐	☐	
DIABETES IN EYES (Laser Treatment)	☐	☐	
DIABETES IN NERVES (Neuropathy)	☐	☐	
PROSTATE INFECTION	☐	☐	
PAIN WITH WALKING (PAD/PVD)	☐	☐	
HEARING LOSS	☐	☐	
KIDNEY/BLADDER INFECTION	☐	☐	
HERBAL MEDICINES	☐	☐	
CHILDHOOD NEPHRITIS	☐	☐	
CONSISTENT USE OF Non-Steroidal (Motrin, Ibuprofen, Aleve, Goody, Naproxen, Indocin, Mobic, Excedrin)	☐	☐	

B. LIST MEDICAL PROBLEMS WITH APPROXIMATE YEAR WHEN DIAGNOSED:

Medical Problem	Year
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

C. PLEASE LIST MEDICINES INCLUDING OVER THE COUNTER AND HERBALS AND/OR BRING TO CLINIC VISIT:

Medication with dose and frequency per day
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

D. ALLERGIES AND TYPE OF REACTION: _____

_____

_____

E. FAMILY HISTORY:

	YES	NO	Relationship		YES	NO	Relationship
KIDNEY DISEASE	☐	☐		DIABETES	☐	☐	
HEART ATTACK	☐	☐		CANCER	☐	☐	
HIGH BLOOD PRESSURE	☐	☐		STROKE	☐	☐	
GOUT	☐	☐		LUPUS	☐	☐	
KIDNEY TRANSPLANT	☐	☐		DIALYSIS	☐	☐	

Name: _____ ; DOB: _____

MEDICAL HISTORY FORM

F. SOCIAL HISTORY:

HAVE YOU EVER SMOKED? YES ☐ NO ☐ PACKS PER DAY: _____ FOR _____ YEARS QUIT IN _____
DO YOU DRINK ALCOHOL? YES ☐ NO ☐ DRINKS PER DAY: _____ FOR _____ YEARS QUIT IN _____
ARE YOU: SINGLE / MARRIED / DIVORCED / WIDOWED ☐ RETIRED OCCUPATION: _____

G. REVIEW OF SYMPTOMS (CHECK ANY THAT REGULARLY OCCUR):

GENERAL:
☐ FATIGUE
☐ FEVER
☐ CHILLS
☐ NIGHT SWEATS
☐ CHANGE IN APPETITE OR WEIGHT

HEART:
☐ HEART ATTACK
☐ IRREGULAR. OR RAPID HEART BEAT
☐ CHEST PAIN OR TIGHTNESS
☐ MURMUR
☐ TROUBLE LYING FLAT

ENDOCRINOLOGIC:
☐ THYROID DISEASE
☐ HOT/COLD SENSITIVITY
☐ EXCESSIVE WATER DRINKING

HEENT:
☐ MIGRAINES
☐ SEVERE HEADACHE
☐ LOSS OF CONSCIOUSNESS
☐ RINGING IN THE EARS
☐ BLURRY VISION
☐ DOUBLE VISION
☐ HAYFEVER/SINUSITIS
☐ NOSE BLEEDS
☐ FREQUENT SORE THROAT
☐ HOARSENESS

GASTROINTESTINAL:
☐ DIVERTICULI/HEMMORHOIDS
☐ ULCERS
☐ DIARRHEA
☐ CONSTIPATION
☐ VOMITING BLOOD
☐ LIVER DISEASE/HEPATITIS
☐ BLACK TARRY STOOL OR BLOOD IN STOOL
☐ TROUBLE SWALLOWING

HEMATOLOGIC:
☐ ANEMIA
☐ EASY BRUISING
☐ BLOOD TRANSFUSION
☐ SWOLLEN LYMPH GLANDS
☐ BLOOD CLOT

JOINT:
☐ SWOLLEN JOINTS
☐ WEAKNESS
☐ ARTHRITIS
☐ OSTEOPOROSIS
☐ BACK PAIN
☐ MUSCLE PAIN
☐ RASHES

PULMONARY:
☐ ASTHMA
☐ TUBERCULOSIS
☐ WHEEZING
☐ PERSISTENT COUGH
☐ COUGHING UP BLOOD
☐ UNRESOLVING PNEUMONIA
☐ SHORTNESS OF BREATH WITH EXERCISE
☐ ASBESTOS / SILICA CONTACT

NEUROLOGIC:
☐ SEIZURES
☐ NUMBNESS
☐ STROKE
☐ VERTIGO
☐ LOSS OF BALANCE
☐ PSYCHOLOGIC TREATMENT

OTHERS: _____

Notes (for office use only):

_____
_____
_____
_____
_____
_____