Capital Nephrology Associates

Patient Medical Health History

Patient Name _____ Date: _____

Age _____ Birth date _____ Date of last physical exam _____

What is your reason for your visit today? _____

SYMPTOMS check (✓) symptoms you currently have or have in the past year

General

- ☐ Weight Loss
- ☐ Weigh Gain
- ☐ Night Sweats
- ☐ TB Exposure
- ☐ Shortness of Breath
- ☐ Asthma/Emphysema
- ☐ Coughing up Blood
- ☐ Painful Breathing
- ☐ Chest Pains
- ☐ Chest Pressure
- ☐ Chest Tightness/dizzy
- ☐ Lightheaded/Palpitations
- ☐ Blood Clots
- ☐ Calf Pain
- ☐ Cold Hands or Feet
- ☐ Smoker
- ☐ Nausea/Vomiting
- ☐ Constipation/Diarrhea
- ☐ Ulcers
- ☐ Hepatitis
- ☐ Body Pain
- ☐ Weakness
- ☐ Gout
- ☐ Loss of Appetite
- ☐ Increase of Appetite
- ☐ Hair Loss
- ☐ Thirsty
- ☐ Heavy Urination
- ☐ Blood In Urine
- ☐ Uncontrolled Urine
- ☐ Weak Stream

Skin

- ☐ Rash
- ☐ Itching
- ☐ Bruising
- ☐ Moles

Eye & ENT

- ☐ Blurred Vision
- ☐ Glasses
- ☐ Contacts
- ☐ Eye Surgery
- ☐ Nosebleeds
- ☐ Trouble Swallowing
- ☐ Ringing Ears
- ☐ Trouble Hearing

Conditions

- ☐ AIDS
- ☐ Alcoholism
- ☐ Anemia
- ☐ Anorexia
- ☐ Appendicitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Herpes
- ☐ High Cholesterol
- ☐ HIV Positive
- ☐ Migraine Headache
- ☐ Prostate Problem
- ☐ Thyroid Problem
- ☐ Tuberculosis
- ☐ Thyroid Fever

Medical History

Please identify who was affect by condition: Mother, Father or Siblings

High Blood Pressure _____ Anemia _____

Diabetes _____ Arthritis _____

Kidney Failure _____ Gout _____

Kidney Stones _____ Lupus _____

Thyroid Disease _____ Cancer _____

Heart Failure _____ Liver Disease _____

Heart Attacks _____ Kidney Biopsy _____

Kidney Ultrasound _____

Last time you had blood drawn was when and where? _____

List your allergies _____

I hereby state, to the best of my knowledge, that these questions were answered truthfully. I understand the information to be used to complete my medical history and to aid diagnosis and treatment process.

Patient Signature _____ Date _____