Oklahoma Kidney Care

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Past Medical History

Check boxes if you have been treated for the following. NAME_____

Date_____ DOB_____

Medical History

Kidney disease	☐Chronic Kidney Disease ☐Transplant ☐Dialysis ☐Polycystic kidney disease ☐Acute kidney injury ☐Glomerulonephritis
Diabetes	☐Type1 ☐Type 2
High blood pressure	☐
Ischemic heart disease	☐Heart attack ☐Angina ☐Angioplasty ☐Coronary stent ☐CABG ☐Stroke/TIA
Cancer	☐Lung ☐Breast ☐Prostate ☐Colon ☐Melanoma ☐Bladder ☐Lymphoma ☐Kidney ☐Thyroid ☐Leukemia ☐ Pancreatic
EENT	☐Blindness ☐Hearing problems
Cardiovascular	☐Atrial fibrillation ☐Pacemaker ☐High cholesterol ☐AICD (defibrillator) ☐Valvular heart disease ☐Congestive heart failure ☐Aneurysm
Respiratory	☐COPD ☐Chronic bronchitis ☐Pneumonia ☐Tuberculosis ☐Sleep apnea ☐Asthma ☐Emphysema
Gastrointestinal	☐GERD ☐Stomach/Bowel ulcers ☐Gall bladder disease ☐Hepatitis ☐Inflammatory bowel disease
Genitourinary	☐Enlarged prostate ☐Kidney stones ☐Frequent UTIs
Musculoskeletal	☐Osteoarthritis ☐Osteoporosis
Neurological	☐Seizures ☐Parkinson's ☐Dementia ☐Stroke/TIA
Psychiatric	☐Depression ☐Anxiety disorder
Endocrine	☐Hypothyroidism ☐Hyperparathyroidism ☐Hyperthyroidism ☐Adrenal insufficiency
Hematology	☐Anemia ☐Sickle cell disease ☐Sickle cell trait ☐Blood transfusion
Immuno/Allergy	☐HIV ☐AIDS ☐Rheumatoid arthritis ☐Lupus
Other	☐_____

Surgery History - ☐Yes ☐No

☐ Appendectomy	☐Valve replacement	☐Prostatectomy	☐Hip replacement
☐Cataract surgery	☐PD catheter	☐Thyroidectomy	☐Nephrectomy (Kidney removal)
☐Hemorrhoidectomy	☐CABG	☐AV fistula	☐Tonsillectomy
☐Knee replacement	☐Gall bladder removal	☐Carotid endarterectomy	☐AV graft
☐Renal transplant	☐Hernia repair	☐Gastric bypass	☐Other_____

Family History

Kidney disease	☐Father	☐Mother	☐Sibling	☐Child	☐None
Diabetes	☐Father	☐Mother	☐Sibling	☐Child	☐None
High blood pressure	☐Father	☐Mother	☐Sibling	☐Child	☐None
Cancer	☐Father	☐Mother	☐Sibling	☐Child	☐None

Status:	**Father**	☐Living	☐Deceased	☐Unknown	Age_____	Cause_____
	Mother	☐Living	☐Deceased	☐Unknown	Age_____	Cause_____

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 ☐Unemployed ☐Student

Profession _____

Level of Education _____

Habits

Tobacco use ☐Current user ☐Former user ☐Never used Amount_____

Alcohol use ☐Current user ☐Former user ☐Never used Amount_____

Recreational drug use ☐Current user ☐Former user ☐Never used

Are you taking NSAIDS? ☐Ibuprofen ☐Aleve ☐Advil ☐Naproxen ☐Motrin ☐Celebrex ☐Mobic ☐None

Immuno ☐Pneumococcal ☐Influenza ☐Shingles (Zostivx)

Review of Systems

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

HEENT ☐Vision impaired ☐Eye pain ☐Double vision ☐Hearing loss ☐Sinus problems
☐Sore throat ☐Nose bleeds ☐Headache

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

Cardiovascular ☐Chest pain ☐Palpitations ☐Claudication (leg pain w/walking)
☐Orthopnea (trouble lying flat) ☐Edema (swelling)
☐PND (sleep on more than 2 pillows)

Gastrointestinal ☐Abdominal pain ☐Nausea ☐Diarrhea ☐Heartburn ☐Vomiting ☐Constipation
☐Anorexia (loss of appetite) ☐Trouble swallowing ☐Indigestion

Genitourinary ☐Urinary urgency ☐Urinary burning or pain ☐Blood in urine ☐Urinary frequency
☐Urinary hesitancy ☐Foamy urine ☐Incontinency
☐Nocturia (Urinate more than 1 time per night)

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

Skin ☐Rash ☐Itching ☐Dryness ☐Color change

Neurological ☐Numbness ☐Tremors ☐Seizures ☐Tingling ☐Fainting

Psychiatric ☐Depression ☐Anxiety ☐Insomnia

Endocrine ☐Heat intolerance ☐Excessive thirst ☐Cold intolerance ☐Excessive urination

Hematology ☐Bleeding gums ☐Easy bruising

Immuno/Allergy ☐Seasonal allergies ☐Hives