

Dialysis	Yes	No	If yes, list family member(s)_____
Diabetes Type I	Yes	No	If yes, list family member(s)_____
Diabetes Type II	Yes	No	If yes, list family member(s)_____
Hypertension	Yes	No	If yes, list family member(s)_____
SLE	Yes	No	If yes, list family member(s)_____
Kidney Stones	Yes	No	If yes, list family member(s)_____
Polycystic Kidney Disease	Yes	No	If yes, list family member(s)_____
Cancer	Yes	No	If yes, list family member(s)_____
Deafness	Yes	No	If yes, list family member(s)_____
Other	Yes	No	If yes, list family member(s)_____

Current Social History (circle)

Exercise: Yes No

Alcohol Intake: None Occasionally Moderate Heavy

Tobacco: None 1 per day 2-4 per day 5+ per day

Tobacco - years of use: _____

Smoking Status Never Smoked Former Smoker Current Every Day Current Some Days Smoker Current status Unknown if ever smoked

Has smoked since age: _____ Quit Date: _____

Illicit drugs: _____

Marital Status: Unknown Married Single Divorced Separated Widowed Domestic Partner

Occupation: _____ Status: Full Time Part Time
 Retired Date: _____ Disabled: _____

Level of Education: _____

Advanced Directives _____

Patient:
Patient DOB:

Medication List

Name of Medication	Strength	Directions (i.e. 1 per day, 2 every 6 hours)

Have you ever taken any anti-inflammatory medications such as Advil, Motrin, Aleve, Celebrex, Vioxx, Ibuprofen, Naprosyn, Bextra, etc.?
Yes_ No_ . If YES, please list medications:

Medication allergies:

Patient:

Patient DOB:

REVIEW OF SYSTEMS

Please circle and describe how you are feeling today

Constitutional: Fever Fatigue Weight gain _ lbs) Weight loss _ lbs)

Eyes: Dry eyes Vision change

Nose: Frequent nosebleeds

Mouth/Throat: Sore throat Snoring Dry mouth

Cardiovascular: Chest pain on exertion Known heart murmur Shortness of breath when walking standing Light-headed on standing Palpitations Swelling in the extremities

Respiratory: Cough Wheezing Shortness of breath Coughing up blood Sleep apnea

Gastrointestinal: Abdominal pain Vomiting Change in appetite Frequent diarrhea Nausea

Genitourinary: Urinary loss of control Difficulty urinating Increased urinary frequency Blood in urine

Musculoskeletal: Muscle aches Arthralgias/joint pain frequency Back pain

Skin: Jaundice Rash Itching

Psychiatric: Depression Restless sleep

Endocrine: Increased thirst Heat intolerance Cold intolerance

Hematologic/Lymphatic: Swollen glands Easy bruising Excessive bleeding

Allergy/Immunologic: Runny nose Itching Hives