MEDICAL HISTORY

DATE FORM FILLED OUT HEIGHTWEIGHT						
NOTE: Please, fill out and bring to your first appointment. This is a confidential part of your medical history will be kept in our office as a permanent part of your chart. All the information contained in this form in all t three pages will not be released to any person or entity without your written authorization as mandated by HI	he					
YOUR PRIMARY CARE PROVIDER IS :						
Please, list all your Medical Problems						
Diagnosis Date Doctor						
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Past Surgical history						
Please, list all the operations you have had in the past.						
Type Date Surgeon Complications if a	ny					
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MEDICATIONS: Please fill the attached form.						
Please, list all your prescription medications and all over the counter medications, especially arthritis medications, such as						
NSAIDS, herbal medications (AMTs "alternative medical therapies") or natural remedies.						
Patient's name: Sign and date:						

- 1 -NEPHROLOGY ASSOCIATES 504 North MacArthur Avenue, Panama City, Florida 32401-3636

FAMILY	HISTORY	If Living		If deceased		
		Current age	Health	Age at death	Cause of death	
<u>Father</u>	:					
Mothe	r <u>:</u>					
Brothe	rs or Sisters: _					
<u>Childr</u>	en:					
Has an	y of your immed	liate blood relative	ever had: Check	if YES? Who		
Cancer	Heart I	Disease Sic	kle Cell Disease	Congenital Deformit	ies	
Diabete	es Stroke	e Kidne	y disease I	Dialysis High Blood p	oressure	
Polycy	stic Kidney Dise	easeO	THER			
SOCIA	L HISTORY -	- Present occupa	tion			
		If retired, previ	ous occupation_			
Marrie	d	I live Alone				
Single_		I live with som	eone who can car	re for me		
Widow	ed	I live with som	eone who is unab	ole to care for me		
Divorce	ed	I live alone but	have friends or f	amily that can care for me_		
	HABITS					
Smoking		noke and have neve noke now but used How				
Alcohol	1. Do you co	smokePac ensume alcoholic be ever had a "drinkin	ks per day everages now?		swer Yes No	
Drugs	1. Do you us	e recreational drug	s now?	Prefer not to an	swer Yes No	
	2. Have you	ever used recreatio	nal drugs?	Prefer not to an	swer Yes No	
	MILITARY	HISTORY and FO	DREIGN TRAV	<u>EL</u>		
>	·		· · · · · · · · · · · · · · · · · · ·			
Iave you e	ver taken arthi	ritis medication fo	r a long period o	of time?		
LLERGI	ES: Plea	se circle any medi	cations to which	you are allergic:		
> Penicil	lin Sulfa	Aspirin Iodi	ne Latex All	ergy Tape Shell fish or sea	afood ACE-Inhibitors	
Describ	e the reaction:					
Please	list ANY substa	nce to which you a	re allergic not me	entioned above, and describe	the reaction.	
Do you	want to tell us	anything we have n	ot asked?			

REVIEW OF SYSTEMS – Please, answer **YES** if you **currently** have or have **ever** had the following:

Recent unintentional weight changes Spots before eyes, Diabetic eye disease Blurred, double vision or Glaucoma Hiatal hernia Poor hearing or ringing in ears Mouth sores, ulcers or thrush Difficulty swallowing Nosebleeds Frequent or severe headaches Blurot severe headaches Bloody or black tarry Stools Coughing up blood Hepatitis Pleurisy History of internal bleeding Bronchitis or emphysema Gallbladder Problems Asthma or wheezing Swelling in your legs Shortness of breath Chest pains or angina Dizziness or fainting spells Heart Attacks Blood in urine Leg cramps on walking Dribbling at the end of urination Frequent or severe headaches Hemorrhoids Bronchitis or emphysema Gallbladder Problems Constitution Constitutio	Problem	Yes	No	Problem	Yes	No
Blurred, double vision or Glaucoma Poor hearing or ringing in ears Reflux or heart burns Difficulty swallowing Nosebleeds Diverticulitis Frequent or severe headaches Sinus trouble or hoarseness Bloody or black tarry Stools Coughing up blood Heparitis Poornitis or emphysema Asthma or wheezing Swelling in your legs Constitutions or fainting spells Frestant Cough Herart Attacks Blood in urine Heart Attacks Blood in urine Blood in urine Heart Attacks Blood transfusion Heart Blure Beart Murmur Frevers or night sweats Frestore Heart Murmur Frevers or night sweats Frestore Frestore Freyers or lainting Frestore Freyers or lainting Frestore Freyers or lainting Frestore Freyers or lainting Frestore Frestore Freyers or night sweats Frestore F	Recent unintentional weight changes			Stomach ulcers or pains		
Blurred, double vision or Glaucoma Poor hearing or ringing in ears Reflux or heart burns Difficulty swallowing Nosebleeds Diverticulitis Frequent or severe headaches Sinus trouble or hoarseness Bloody or black tarry Stools Coughing up blood Heparitis Poornitis or emphysema Asthma or wheezing Swelling in your legs Constitutions or fainting spells Frestant Cough Herart Attacks Blood in urine Heart Attacks Blood in urine Blood in urine Heart Attacks Blood transfusion Heart Blure Beart Murmur Frevers or night sweats Frestore Heart Murmur Frevers or night sweats Frestore Frestore Freyers or lainting Frestore Freyers or lainting Frestore Freyers or lainting Frestore Freyers or lainting Frestore Frestore Freyers or night sweats Frestore F	Spots before eyes, Diabetic eye disease			Jaundice		
Mouth sores, ulcers or thrush Difficulty swallowing Nosebleeds Diverticultis Frequent or severe headaches Sinus trouble or hoarseness Bloody or black tarry Stools Coughing up blood Hepatitis Pleurisy History of internal bleeding Bronchitis or emphysema Gallbladder Problems Asthma or wheezing Swelling in your legs Constipation Shortness of breath Diarrhea Lose urine on coughing or sneezing Dizziness or fainting spells Kidney Stones Persistant Cough Heart Attacks Blood in urine Trouble emptying bladder Leg cramps on walking Drizbling at the end of urination Irregular Heartbeat, palpitations Heart Atliure Wake up at night to urinate, how many times Heart Murmur Fevers or night sweats Previous blood transfusion Enlarged glands or lymph nodes Dorapetite Easy bruising Shortness Skin rashes Fingling in feet and hands Changes in hair Stroke Memory Loss Joint pains Fremors or falls Gout or Lupus				Hiatal hernia		
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Diverticulitis Frequent or severe headaches Hemorrhoids Hemorrho	Mouth sores, ulcers or thrush			Intestinal Bleeding		
Frequent or severe headaches Sinus trouble or hoarseness Bloody or black tarry Stools Coughing up blood Hepatitis History of internal bleeding Bronchitis or emphysema Gallbladder Problems Asthma or wheezing Colitis Swelling in your legs Constipation Shortness of breath Diarrhea Chest pains or angina Lose urine on coughing or sneezing Dizziness or fainting spells Fersitant Cough Heart Attacks Blood in urine Wake up at night short of breath Leg cramps on walking Dribbling at the end of urination Iregular Heartbeat, palpitations Heart Failure Wake up at night to urinate, how many times Heart Murmur Fevers or night sweats Previous blood transfusion Enlarged glands or lymph nodes Poor appetite Easy bruising Blood Clot in legs or lungs Epilepsy or seizures Stroke Arthritis Mental Illness Joint pains Tremors or falls Hemory Loss Tremors or falls Heart Listory of internal bleeding Heatits Albody or black tarry Stools Hepatitis Hepatitis Hepatitis Heatits Legual Problems Lose urine on coughing or sneezing Lose urine on coughing or sneezing Lose urine on coughing or sneezing Fringting in feet and hands Lose urine on coughing or sneezing Heatits Heatits Heatits Heatit	Difficulty swallowing			Nausea or vomiting		
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Memory Loss Joint pains Tremors or falls Gout or Lupus	Mental Illness			Joint swelling		
Memory Loss Joint pains Tremors or falls Gout or Lupus	Depression			Muscle aches		
				Joint pains		
Diabetes or Thyroid disease OTHER:	Tremors or falls			Gout or Lupus		
	Diabetes or Thyroid disease			OTHER:		

Patient's name:	Sign and date:	
ranem s name:	Sign and date:	

NEPHROLOGY ASSOCIATES, P.A. 504 North MacArthur Avenue Panama City, Florida 32401-3636

NAME:		OOB:	_ DATE:
MEDICATION NAME	STRENGTH	HOW YOU TAKE	PRESCRIBING PHYSICIAN