

Kidney Care Specialist of Michigan.

Name: _____

Communication:

Information obtained from: Patient, spouse, parent, child, other relative, friend other: _____ Phone Interview Can
 the patient speak English? N Y Primary language spoken? _____
 Can the patient read English? N Y Primary language written? _____
 Do you need an interpreter? N Y

PMH: Past Medical History Of

_____ High Cholesterol _____ Blood clots to lung/legs _____ Ulcers of Stomach _____ Cancer or Leukemia _____ Thyroid
 _____ High Blood Pressure _____ Stroke(s) _____ Diverticulosis _____ Alzheimer's or Dementia _____ Arthritis
 _____ Heart Attack(s) _____ Diabetes _____ Hiatal Hernia _____ Seizures _____ Prostate Problems
 _____ Angina _____ Asthma _____ Liver Disease _____ Low back pain problems _____ Ovary/Uterus Prob.
 _____ Irregular Heart Beat _____ Emphysema/COPD _____ Hepatitis _____ Immune deficiency _____ Dialysis
 _____ Heart Murmur _____ Pneumonia _____ Anemia _____ Glaucoma _____ Chronic Pain
 _____ Rheumatic Fever _____ Kidney Stones _____ Radiation Therapy _____ Infectious Process _____ Sleep Apnea
 _____ Congestive Heart Fail. _____ Kidney Infection _____ Chemotherapy _____ Renal Failure _____ Diabetic Retina Dis.

SxHx : Has patient had Surgeries or procedures? Indicate year if able; otherwise use a check/circle

_____ Open Heart _____ Gall Bladder _____ Hip Repair _____ Cataracts/eyes/laser surgery _____ Pacemaker
 _____ Angioplasty-Balloon _____ Appendix _____ Ankle or Knee _____ Ears or tonsils _____ Implanted Defibrillator
 _____ Artery Surgery _____ Bowel Blockage _____ Back or Neck _____ Tubes tied _____ IV Device
 _____ Ostomy _____ Stomach _____ Mouth _____ Uterus or Ovaries _____ VP Shunt
 Type: _____ Kidney Stone Removal

PSFH: Family History of

Hypertension _____ Diabetes _____ Cancer _____

Personal History

Alcohol use _____ Cigarettes _____ Illicit drugs _____

Social History

Married _____ Widowed _____ Occupation _____ Living Situation _____

ROS: Recent Symptoms

General

1. Weight change: amt. _____
Time Frame _____
2. Fever/Chills or Sweats
3. Tired all the time
4. Loss of appetite
Time Frame _____
5. Poor Appetite
Time Frame _____

Head & Neck

Headaches-
 What pain medication is used?
 How often?
 How long has med been taken?

Eyes

6. Worsening vision
7. Eye discharge
8. Temporary loss of vision

Ears, Nose Mouth and Throat

9. Ringing in the ears
10. Nosebleeds
11. Runny or stuffy nose
12. Sore throat
13. Difficulty swallowing
14. Hoarse voice

Respiratory

15. Short of breath at rest
16. Short of breath on exertion
17. Cough
18. Wheezing
19. Phlegm
20. Major Pulmonary infection
Pneumonia
Bronchitis

Cardiovascular

21. Chest pains or pressure
22. Racing heart
23. Irregular heart beats
24. Wake up short of breath
25. Need 2+ pillows at night
26. Leg cramps from walking
27. Swelling of extremities
28. Fatigue

29. Dizziness

Chest (Breasts)

30. Breast lump
30. Discharge

Gastrointestinal

32. Heart Burn
33. Stomach pains
34. Nausea
35. Vomiting
36. Vomiting blood
37. Difficulty swallowing
- Change in Bowel Movement*

39. Black color
40. Bloody
41. Diarrhea
42. Constipation

Genitourinary

46. Painful urination
47. Frequent urination
48. # or times you urinate at night
49. Hard to urinate
50. Blood in urine

Hematologic/Lymphatic

57. Bleed easily
58. Bruise easily
59. Swollen glands

Blood/Transfusion Information

60. Previous blood transfusion
61. Designated donor

Musculoskeletal

63. Joint/Muscle swelling or pain
64. Back or neck pain
65. Leg swelling
66. Unable to walk on own
67. Type of device needed
68. Bed ridden

How long: _____

What pain medication is used?
 How often?
 How long has med been taken?

Skin

69. Rash
70. Sores or wounds
71. Itchy
- Skin Cancer

Neurologic

72. Convulsions/seizures
73. Passing out
74. Headaches
75. Loss of memory
76. Numbness/tingling

Psychiatric

77. Depressed feelings
78. Anxious or panic feelings
79. Can't sleep due to worries

Endocrine

80. Hair or skin change
81. Thirsty often
82. Weight change
83. Energy change

No thyroid or any other endocrinopathy
 On Thyroid Medications?

How long?

Medication Allergies?

Allergy/Immune

84. Hives
85. Sneezing
86. Sweats and chills
87. Recent steroid use
88. Other