Ohio Kidney Consultants, Inc.
Health History Questionnaire

Name: _____
Prefer to be called: _____
Date of Birth: _____ ***Age***: _____
Marital Status:
□ Single □ Married □ Widowed □ Divorced □ Separated
Employment:
□ Full-time □ Part-time □ Retired □ Disability
Employer: _____
Job Description: _____

Primary Care Doctor: _____
Heart Doctor: _____
Diabetes Doctor: _____
Urologist: _____
Surgeon: _____
Other Doctors: _____

Is there a family history of:		**List Relative(s)**
Kidney Disease?	□ Yes □ No	
Kidney Stones?	□ Yes □ No	
Dialysis?	□ Yes □ No	
High blood pressure?	□ Yes □ No	
High cholesterol?	□ Yes □ No	
Heart disease?	□ Yes □ No	
Diabetes?	□ Yes □ No	
Cancer?	□ Yes □ No	
Stroke?	□ Yes □ No	
Anemia?	□ Yes □ No	
Hearing Loss?	□ Yes □ No	
Lupus?	□ Yes □ No	

Please list drug and food allergies, along with adverse reactions: □ None

_____

_____

_____

Please list any medication prescribed by a physician, non-prescription medications, and vitamin/mineral/nutritional supplements that you take on a regular basis.
*****If you have a CURRENT list of medications, this will be sufficient (ie, don't need to list below).**
*****Please bring your pill bottles if you do NOT have a current list of medications.**

Medication	**Dose**	**Frequency (times per day)**	**Started**	**Stopped**
Example: Lasix	20 mg	1 pill 2 times a day	6/1/05	----------

Physician Signature _____
Date _____

Medical History (please check):

- □ Acute kidney injury
- □ Anemia
- □ Atrial fibrillation
- □ Cancer (type) _____
- □ CHF (heart failure)
- □ Chronic kidney disease
- □ Clotting disorder
- □ COPD
- □ Coronary artery disease
- □ Diabetes mellitis
- □ Diabetic kidney disease
- □ Enlarged prostate
- □ ESRD (dialysis)
- □ GERD (heartburn)
- □ Gout
- □ Hematuria (blood in urine)
- □ Hepatitis B
- □ Hepatitis C
- □ HIV/AIDS
- □ Hyperkalemia (high potassium)
- □ Hyperlipidemia
- □ Hyperparathyroidism
- □ Hypertension
- □ Hyponatremia (low sodium)
- □ Hypothroid
- □ Kidney stones
- □ Lupus
- □ Myocardial infarction
- □ Nephrotic syndrome
- □ Osteoarthritis
- □ Osteoporosis
- □ Polycystic kidney
- □ Pre-eclampsia
- □ Protein in urine
- □ Pyelonephritis
- □ Renal cyst
- □ Sleep apnea
- □ Stroke
- □ TIA
- □ Urine / bladder infection

Surgical History (please check):

- □ Abdominal surgery
- □ Bladder surgery
- □ CABG (open heart surgery)
- □ Cardiac stent
- □ Cystectomy (bladder removal)
- □ Dialysis access surgery
- □ Gallbladder surgery
- □ Kidney biopsy
- □ Kidney removal
- □ Kidney stone surgery
- □ Kidney transplant
- □ Kidney transplant (deceased donor)
- □ Kidney transplant (living related)
- □ Kidney transplant (living unrelated)
- □ Lithotripsy (kidney stones)
- □ Parathyroid
- □ Thyroid

Please describe any current or past medical/surgical history not listed above:

Review of Symptoms (CURRENT Symptoms Only)

Constitutional

Fever	☐ No	☐ Yes
Chills	☐ No	☐ Yes
Weight loss (# lbs)	☐ No	☐ Yes
Weight gain (# lbs)	☐ No	☐ Yes
Malaise/Fatigue	☐ No	☐ Yes
Sweats	☐ No	☐ Yes
Weakness	☐ No	☐ Yes

Skin

Rashes	☐ No	☐ Yes
Itching	☐ No	☐ Yes
Color change	☐ No	☐ Yes
Wound	☐ No	☐ Yes

HENT

Hearing loss	☐ No	☐ Yes
Tinnitis	☐ No	☐ Yes
Ear pain	☐ No	☐ Yes
Ear discharge	☐ No	☐ Yes
Nosebleeds	☐ No	☐ Yes
Congestion	☐ No	☐ Yes
Stridor	☐ No	☐ Yes
Sore throat	☐ No	☐ Yes
Hoarseness	☐ No	☐ Yes

Eyes

Vision impaired	☐ No	☐ Yes
Blurred vision	☐ No	☐ Yes
Double vision	☐ No	☐ Yes
Light sensitivity	☐ No	☐ Yes
Eye pain	☐ No	☐ Yes
Eye discharge	☐ No	☐ Yes
Eye redness	☐ No	☐ Yes

Cardiovascular

Chest pain / angina	☐ No	☐ Yes
Palpitations	☐ No	☐ Yes
Short of breath laying flat	☐ No	☐ Yes
Leg pain with walking	☐ No	☐ Yes
Leg swelling	☐ No	☐ Yes

Pulmonary

Cough	☐ No	☐ Yes
Coughing up blood	☐ No	☐ Yes
Sputum production	☐ No	☐ Yes
Shortness of breath	☐ No	☐ Yes
Wheezing	☐ No	☐ Yes

Gastrointestinal

Heartburn	☐ No	☐ Yes
Poor appetite	☐ No	☐ Yes
Difficulty swallowing	☐ No	☐ Yes
Nausea	☐ No	☐ Yes
Vomiting	☐ No	☐ Yes
Abdominal pain	☐ No	☐ Yes
Diarrhea	☐ No	☐ Yes
Constipation	☐ No	☐ Yes
Blood in stool	☐ No	☐ Yes
Dark or tarry stool	☐ No	☐ Yes

Genitourinary

Burning upon urination	☐ No	☐ Yes
Urgency	☐ No	☐ Yes
Frequency	☐ No	☐ Yes
Urinary hesitancy	☐ No	☐ Yes
Urinary incontinence	☐ No	☐ Yes
Frequent night urination	☐ No	☐ Yes
Blood in urine	☐ No	☐ Yes
Flank pain	☐ No	☐ Yes

Musculoskeletal

Muscle pain	☐ No	☐ Yes
Muscle cramps	☐ No	☐ Yes
Neck pain	☐ No	☐ Yes
Back pain	☐ No	☐ Yes
Joint pain	☐ No	☐ Yes
Falls	☐ No	☐ Yes

Endo/Heme/Allergy

Easy bruise/bleed	☐ No	☐ Yes
Environmental allergies	☐ No	☐ Yes
Frequent thirst	☐ No	☐ Yes
Heat intolerance	☐ No	☐ Yes
Cold intolerance	☐ No	☐ Yes

Neurological

Dizzy	☐ No	☐ Yes
Headaches	☐ No	☐ Yes
Numbness	☐ No	☐ Yes
Tingling	☐ No	☐ Yes
Tremors	☐ No	☐ Yes
Sensory change	☐ No	☐ Yes
Speech change	☐ No	☐ Yes
Focal weakness	☐ No	☐ Yes
Seizures	☐ No	☐ Yes
Loss of consciousness	☐ No	☐ Yes

Psychiatric

Depression	☐ No	☐ Yes
Suicidal ideas	☐ No	☐ Yes
Substance abuse	☐ No	☐ Yes
Hallucinations	☐ No	☐ Yes
Nervous/anxious	☐ No	☐ Yes
Insomnia	☐ No	☐ Yes
Memory loss	☐ No	☐ Yes