



DALLAS RENAL GROUP

Leaders in Kidney Care

PATIENT NAME: _____ **DATE:** _____

ALLERGIES:

Review of Systems: Please circle all that apply.

Constitutional: Fever Chills Weight loss/gain Night sweats Weakness Fatigue Loss of appetite Nausea

Eyes: Blurriness Pain Discharge Itchiness

Ears/Nose/Throat: Hearing loss Earache Nasal drainage Sore throat

Cardio/Peripheral Vascular: Chest pain Difficulty breathing Fatigue Palpitations Edema
Claudication Numbness

Respiratory: Shortness of breath Cough Wheezing Asthma

Gastrointestinal: Abdominal pain Reflux Nausea Vomiting

Genitourinary: Incontinence Hematuria/blood in urine Dysuria Frequency Kidney stones

Musculoskeletal: Joint pain Back problems Arthritis Muscle weakness

Skin: Skin lesions Rash Itching Hives

Neurologic: Fainting Focal Weakness Numbness Seizures

Psychiatric: Psychiatric history anxiety depression memory loss

Endocrine: Diabetes Hot and cold intolerance Thyroid disease

Hematologic: Anemia Bleeding Blood clotting problems Swollen glands

Sleep: Snoring Excessive daytime sleepiness Witnessed apnea

Others: Hepatitis type _____ HIV _____ High potassium Low potassium

Cancer: _____

Past Medial History: Please circle any that apply.

High Cholesterol Gout Obesity Hypertension (high blood pressure)

Dementia Coronary artery disease Atrial fibrillation

GI Bleeding Congestive Heart failure COPD

Osteoarthritis Stroke Seizures Abdominal Aortic Aneurysm

Kidney transplant Urinary tract infections

Problems not mentioned in 2 sections above: _____

Check any surgeries and list year.

__ Appendectomy _____ __ Kidney biopsy _____ __ Tonsillectomy _____ __ Prostate _____

__ Gallbladder _____ __ Hysterectomy _____ __ Pacemaker _____

__ Breast biopsy _____ __ Mastectomy _____ __ Coronary artery bypass _____

__ Other: _____

Family History: please list family member and disease.

Kidney disease: _____

Diabetes: _____

Hypertension: _____

Heart disease: _____

Cancer: _____

Other: _____

Social History: please circle and list explanation.

Marital Status: Married Single Divorced Separated Partnered Spouse deceased

Employed: Full-time Part-time Retired

Current or Previous Occupation: _____

Education: High school diploma GED Some College College graduate

Tobacco use: Non-smoker Previous Smoker Smoker per day: 1-9 10-19 20-39 40+

Alcohol use: None Occasional Everyday: _____

Drug use: Never Previous: _____ Current: _____

Caffeine consumption: Never Some Cups per day: _____

Filled out by: _____ **Relationship:** _____