NEPHROLOGY
ASSOCIATES OF MICHIGAN

Nephrology Associates of MI New Patient Questionnaire
Name: _____
Sex: M_____ F_____
DOB: _____/_____/_____

How are you feeling today? _____

_____

Medication Use

What medications are you currently taking? Please include frequency and dose.

Allergies

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PAST MEDICAL HISTORY

KIDNEY DISEASE	Kidney Disease Stage 1 2 3 4 5	_____ Polycystic Kidney Disease _____ Acute Kidney Failure
Diabetes	__ Type 1 __ Type 2 __ Diabetic damage to your eyes , if so, laser surgery? **Yes No** __ Pain/numbness/tingling in feet due to diabetes	____ Type Unknown ____ If yes, how long_____ (yrs)?
High Blood Pressure	___ If yes, how long? ___ Number of Years?	___ White Coat Hypertension?
Ischemic Heart Disease	___ Heart Attack ___ Angina ___ Angioplasty	___ Coronary Stent ___ CABG ___ High Cholesterol
Cancer	_____ Type	_____ Treatment
Stroke	___ Stroke	___ TIA
Gout	___ Gout	_____Treatment

Surgical History

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Past Medication Use

Do you now or have you ever taken any of the following medications?

__ Advil __ Aleve __ Anaprox __ Ansaid __ Bextra __ Celebrex

__ Clinoril __ Daypro __Diclofenac __Feldene __ Gold __ Ibuprofen

__ Indomethacin __ Ketoprofen __ Lodine __Motrin __Naprosyn __ Naproxen

__ Piroxicam __Relafen __ Vioxx __ Voltaren _____ _____

_____ _____ _____ _____ _____ _____

__ None of the Above

Significant Exposure to Metal/Chemicals

Are you aware of any significant exposure to:

__Lead __Carbon Tetrachloriade __ Benzene __Other_____

FAMILY HISTORY-ILLNESSES

Do the following family members have any of the following medical conditions?

Kidney Disease	___ Father	___ Sibling	___ Mother	___ Child
Diabetes	___ Father	___ Sibling	___ Mother	___ Child
High Blood Pressure	___ Father	___ Sibling	___ Mother	___ Child
Ischemic Heart Disease	___ Father	___ Sibling	___ Mother	___ Child

Cancer	___ Father ___ Sibling ___ Mother ___ Child
Other Family History Not Listed Above:	
SOCIAL HISTORY – GENERAL	
Travel Screening In last 6 months, have you traveled internationally?	___ Yes ___ No What country? _____
Vaccination	Influenza ____ Yes _____ No Hepatitis B ____ Yes _____ No Pneumonia 23 _____Yes _____ No Pneumonia 13 ____ Yes _____ No Shingles _____ Yes _____ No
Deficits	___ Hearing Loss ___ Poor Vision or Blindness ___ Limited Mobility ___ Transportation Challenges
Social History Habits	
Tobacco Use	___ Current or Former User ___ Never Used ___ Cigarettes ___ Unknown ___ Chewing Tobacco ___ Pipes ___ Snuff ___ Cigars **Please complete the following section if you are a current or former cigarette smoker**: How often do you currently smoke or how often did you smoke before you quit? ___ Every Day ___ Some Days ___ Unknown How many packs per day do you currently smoke or how many packs per day did you smoke before you quit? _____ How many total years have you smoked cigarettes? _____
Alcohol Use	___ Current or Former User ___ Occasional ___ 1-2 per day ___ 3 or more per day ___ Never Used If a former user, what year did you quit? _____

Recreational Drug Use	
	___ Current or Former User ___ Marijuana ___ Opium ___ Amphetamines ___ Cocaine ___ LSD ___ Barbiturates ___ Heroin ___ Other ___ Ecstasy ___ Never Used If a former user, what year did you quit? _____

Other History **Not** Listed Above:

Review of Symptoms

Please check all that apply:

EENT	__ Blindness	__Hearing Problems	__ Cataracts	__ Glaucoma

Cardiovascular	__ Atrial Fibrillation __ AICD __Stents __ Bypass __ Pace Maker __ Valvular Heart Disease __ Congestive Heart Failure
Respiratory	__ COPD __ Asthma __ Emphysema __ Tuberculosis __Sleep Apnea
Gastrointestinal	__GERD __Stomach/Bowel Ulcers __Gall Bladder Disease __ Inflammatory Bowel Disease __ Irritable Bowel Syndrome __ Chron's Disease __ Gluten Intolerance __ Lactose Intolerance __ Ulcerative Colitis __ Hepatitis
Genitourinary	__ Enlarged Prostate __ Kidney Stones __ Frequent UTIs
OB History	__ Preeclampsia __ Gestational Diabetes __ History of Complicated Pregnancy __ Hypertension During Pregnancy
Musculoskelatal	__ Osteoarthritis __ Osteoporosis
Neurological	__ Multiple Sclerosis __ Parkinson's __ Seizures __ Dementia