NEPHROLOGY ASSOCIATES OF KENTUCKIANA, PSC
6400 Dutchmans Parkway • Suite 250 • Louisville, KY 40205

(1) Patient's Name _____

(2) Medication taken at present? _____

_____

(3) Allergies (include all drugs) _____

_____

(4) Previous illnesses requiring medical attention? _____

_____

(5) Operations (type & year) _____

_____

SOCIAL HISTORY:

Place of Birth _____

Type of Employment _____

Smoke? Yes ____ No _____ How many packs a day? _____

Drink Alcoholic Beverages? Yes ____ No _____ How much per week? _____

Where else have you lived besides Kentucky? _____

FAMILY HISTORY:	IF LIVING:			IF DECEASED:	
	SEX	AGE	HEALTH	AGE AT DEATH	CAUSE
Spouse					
Father					
Mother					
Brothers/Sisters					
Children					

DO YOU KNOW OF ANY BLOOD RELATIVE WHO HAS OR HAD: Circle & Relation

Stroke _____ Diabetes _____ Allergies _____ Arthritis _____

Cancer _____ Heart Disease _____ Mental Illness _____ Ulcers _____

High Blood Pressure _____ Kidney Disease _____ Epilepsy _____ Colitis _____

Migraine _____ Bleeding Tendency _____

Goiter _____

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M.D. Signature _____ Date _____

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Patient's Name _____

DO YOU HAVE?

	YES	NO
Headaches		
Blurred Vision		
Double Vision		
Fever		
Weight Loss		
Spots or flashes in eyes		
Eye Pain		
Wear Glasses		
Hearing Loss		
Ringing in Ears		
Frequent Earaches		
Discharge from Ears		
Frequent Colds, Nasal Discharge		
Nosebleeds		
Dental Problems (bleeding gums, infections, cavities)		
Sore Throats or Tonsillitis		
Trouble Swallowing		
Hoarseness or Voice Change		
Shortness of Breath		
Asthma (Wheezing)		
Cough (Persistent)		
Night Sweats		
Chest Pain		
Rapid Heart Beat		
Irregular Heart Beat		
Swelling of your Legs		
Appetite Problems		
"Gas" Problems		
Persistent Nausea and/or Vomiting		
Abdominal Pain		
Persistent Constipation		
Persistent Diarrhea		
Urination Problems		
Excessive Nervousness		
Trouble Sleeping		
Intolerance to Heat		
Excessive Sweating		
Skin or Hair Changes that worry you		
Excessive Thirst		
Excessive Urination		
Excessive Hunger		
Tendency to Bleed		
Intolerance to Cold		
Dizziness (Persistent)		
Muscle Weakness/Soreness		
Numbness, Tingling or Loss of Sensation		
Joint Pain and/or Swelling		
Back Pain or Stiffness		
Hot Flashes		

HAVE YOU EVER?

	YES	NO
Coughed up blood		
Vomited blood		
Passed blood in stool		
Passed blood in urine		
Had a Seizure		
Been Paralyzed		
Been Jaundiced		
Had Rheumatic Fever		
Had Hepatitis		
Had Tuberculosis		
Been told you had a Heart Murmur		

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M.D. Signature _____ Date _____