MEDICAL HISTORY

Please circle any conditions that you have ever been diagnosed with:

- Acute Kidney Injury
- Anemia
- Atrial Fibrillation (A-fib)
- Cancer (Please specify)
- Congestive Heart Failure (CHF)
- Chronic Kidney Disease
- Clotting Disorder
- COPD
- Coronary Artery Disease
- Diabetes Mellitus
- Diabetic Nephropathy
- End Stage Renal Disease (ESRD)
- GERD
- Gout
- Hematuria (Blood in urine)
- Hepatitis B
- Hepatitis C
- HIV/AIDS
- Hyperkalemia
- Hyperlipidemia
- Hyperparathyroidism
- Hypertension
- Hyponatremia
- Hypothyroidism
- Kidney Stones
- Lupus
- Myocardial Infarction (Heart attack)
- Nephrotic Syndrome
- Osteoarthritis
- Osteoporosis
- Polycystic Kidney Disease
- Proteinuria
- Pyelonephritis
- Renal Cyst
- Sleep Apnea
- Stroke
- TIA
- UTI
- Other: _____

SURGICAL HISTORY

Please describe any past surgeries:

- Abdomen Surgery: Year: _____ Description:_____
- Bladder Surgery: Year: _____ Description:_____
- CABG: Year: _____ Description:_____
- Cardiac Stent: Year: _____ Description:_____
- Cystectomy: Year: _____ Description:_____
- Dialysis Access: Year: _____ Description:_____
- Gallbladder: Year: _____ Description:_____
- Hysterectomy: Year: _____ Description:_____
- Kidney Biopsy: Year: _____ Description:_____
- Kidney Removal:Year: Year: _____ Description:_____
- Kidney Stone Surgery: Year: _____ Description:_____
- Kidney Transplant: Year: _____ Description:_____
- Lithotripsy: Year: _____ Description:_____
- Parathyroid Surgery: Year: _____ Description:_____
- Thyroid Surgery: Year: _____ Description:_____
- Other: Year: _____ Description:_____

FAMILY HISTORY

Indicate conditions family members have been diagnosed with:

- **Anemia**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Autoimmune Disease**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Cancer**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Diabetes**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Hypertension (High Blood Pressure)**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Kidney Disease**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Stroke**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Heart Disease**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF____
- **Dementia**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Gout**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____
- **Autosomal Dominant Polycystic Kidney Disease**
  Mother _____ Father ____ Sister____ Brother____ Maternal GM_____ Maternal GF_____ Paternal GM_____ Paternal GF_____

SOCIAL HISTORY

Tobacco Use: □ Current □ Former □ Never

Length of Use?_____ Amount of Use_____

Length of Use Prior to Quitting?_____ Date of Quitting?_____

Smokeless Tobacco Use : □ Current □ Former □ Never

Length of Use?_____ Amount of Use_____

Length of Use Prior to Quitting?_____ Date of Quitting?_____

Alcohol Use: □ Current □ Former □ Never

If you are a current user, how many drinks do you consume?

□ Occasional/Social □ 1-2 drinks/day □ 3+ drinks/day

If you are a former user, how many years did you consume alcohol?_____ Date of quitting? _____

Substance Use: □ Current □ Former □ Never

If you are a current or former user, please indicate the drug or drugs used:

□ Marijuana □ Amphetamines □ LSD □ Heroin □ Ecstasy □ Other:_____

If you are a former user, how many years did you use?_____ Date of quitting?_____

Living Arrangement: □ Alone □ Family Member □ Spouse in Home □ Significant Other

□ Caregiver □ Assisted Living

Marital Status: □ Single □ Married □ Separated □ Divorced □ Widowed

Number of Children: _____

Employment Status: □ Employed □ Unemployed □ Retired □ Student_____

Current Occupation:

Patient Information

Patient Name:_____ Date of Birth:_____

Preferred Pharmacy Name:
Pharmacy Address:

Pharmacy Phone:

Are you allergic to any medications? YES / NO If yes, please list medication name and reaction:

Medications you are currently taking (prescription and over the counter):

Medication Name	Dose	Times per Day

Would you like to be registered for our "My Chart" online health records portal? Yes / No
If yes, please provide your e-mail address:

Preferred Laboratory: □ LabCorp □ Quest □ Other:
*Georgia Nephrology uses Quest in the office