Southeastern Nephrology Associates
Health History Questionnaire

Name _____ Date of Birth _____ Date _____

Allergies to Medication

☐ **No**

☐ **Yes** Medicine name Reaction

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Tobacco Smoker

☐ **No-** Never Former- Quit:

☐ **Yes-** Daily Some days

Alcohol Use

☐ **No-** Never Former- Quit:

☐ **Yes-** Daily Some days

Employment History (optional)

☐ unemployed
☐ employed
☐ retired- age
☐ retired- disability

Marital Status (optional)

☐ married
☐ single
☐ partner/live in relationship
☐ other

Family History	alive	died/age/cause	Medical Problems they have or had						
			No	Kidney dz	High BP	Diabetes	Heart dz	Cancer	Stroke
Father									
Mother									
Brother(s)									
Sister(s)									
Daughter(s)									
Son(s)									
Spouse									

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Past Medical & Surgical (in bold) Problems

Do you have, or has a doctor said that you have:

	Yes
Head & Neck	
Hay fever	
Sinusitis	
Sinus surgery	
Laser eye surgey for diabetes	
Cataract removal	
Thyroid removal- all or some	
Parathyroid gland removal	
Cardiovascular	
Coronary artery disease	
Heart attack or "MI"	
Hypertension (high blood pressure)	
Atrial fibrillation or flutter	
Congestive heart failure	
Cardiomegaly (enlarged heart)	
Arrhythmia (abnormal heart beat)	
Abnormal EKG	
Heart murmur	
CABG (heart by pass)	
Heart catheterization	
ICD placement (defibrillator in heart)	
Pacemaker placement	
Heart valve repair or replacement	
Aortic aneurysm repair or by pass	
Leg blood vessels by pass surgery	
Kidney blood vessel by pass surgery	
Gastrointestinal	
Peptic or gastric stomach ulcer	
GERD/reflux	
Gallstones	
Hepatitis	
Cirrhosis	
Liver disease	
Hemorrhoids	
EGD (viewing tube in stomach)	
Colonoscopy (viewing tube in rectum)	
Appendix removed	
Gallbladder removed	
Hematological	
Cancer	
Leukemia (blood cancer)	
Myeloma	
Anemia (low blood)	
Bleeding disorder	
Sickle cell disease	

	Yes
Genitourinary	
Kidney stones	
BPH (enlarged prostate)	
Prostatitis (infection of prostate)	
Prostate cancer	
Cystoscopy (viewing tube in bladder)	
Surgical prostate removal	
Laser prostate removal	
TURP prostate removal	
Kidney stone removal by "shock wave"	
Kidney stone removal by surgery	
Kidney removal- right or left	
Transplant of kidney	
Transplant of heart	
Transplant of pancreas	
Transplant of lung	
Dialysis fistula or graft	
Dialysis catheter/tube- temporary	
Respiratory	
COPD	
Asthma/emphysema	
Bronchoscopy (viewing tube in lungs)	
Musculoskeletal	
Gout	
Osteoporosis	
Osteopenia	
Rheumatoid arthritis	
Degenerative arthritis	
Neurological	
CVA/TIA	
Stroke	
Seizures	
Endocrine	
Diabetes mellitus (sugar diabetes)	
Goiter	
Thyroid disease- underactive	
Thyroid disease- overactive	
Gynecologic	
Uterus removed	
Ovaries removed	
Other	
_____	
_____	
_____	
_____	
_____	

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Recent Symptoms

In the past 6 - 12 months have you experienced:

	Yes	No
Constitutional		
Fever		
Chills		
Weight change- gain or loss		
Fatigue/tired feeling		
Eyes		
Vision problems		
Blurry vision		
Pain with light		
Ears/Nose/Mouth/Throat		
Loss of hearing		
Nasal stuffiness		
Nose bleeds		
Headache		
Sinus pain		
Sore throat		
Hoarseness		
Cardiovascular		
Palpitations/fast heart beat		
Heart murmur		
Chest pain/discomfort		
Swelling in legs		
Short of breath at rest		
Short of breath with activity		
Respiratory		
Cough		
Coughing up blood		
Wheezing		
Snoring		
Stop breathing when sleeping		
Sleeping :		
- in chair to breathe		
- on many pillows to breathe		
Wake at night short of breath		
Gastrointestinal		
Loss of appetite		
Difficulty swallowing		
Frequent nausea		
Vomiting		
Vomiting blood		
Indigestion/heartburn		
Abdominal pain		
Jaundice/yellow skin		
Diarrhea		
Constipation		
Black stool		
Allergic/Immunologic		
Frequent infections		
Allergic reactions		

	Yes	No
Genitourinary		
Urinating more during the day		
Urinating less during the day		
Up at night to urinate:_____times		
Pain when urinating		
Flank pain		
Bloody/brown urine		
Foamy/frothy urine		
Urge to urinate often		
Incompletely empty bladder		
Strain to start urination		
Delay in starting urination		
Loss of sexual interest		
Loss of sexual ability		
Musculoskeletal		
Joint pain in 1 or 2 joints		
Joint pain all over		
Back pain- low back		
Muscle aches all over		
Muscle weakness/less strength		
Neurological		
Tremor		
Seizures		
Difficulty speaking		
Fainting		
Dizziness		
Lightheaded sensation		
Lightheaded when standing		
Arm or leg weakness		
Arm or leg paralysis		
Endocrine		
Cold most of the time		
Hot most of the time		
Sudden episodes of flushing		
Excessive sweating		
Hot flashes		
Hair loss		
Poor level of energy		
Hematological		
Bleed easily		
Bruise easily		
Bone pain		
Skin		
Itching		
Rash		
Psychiatric		
Confusion		
Drowsiness		
Hard to concentrate/focus		