



MEDICAL HISTORY

Name: _____

DOB: _____

Please place a check next to any illnesses that apply to you.

Heart related illnesses:

- Chest pain (Angina)
- Surgery (bypass or valve replacement)
- Heart attack (MI)
- Cardiac catheterization or angioplasty
- High blood pressure
- Stroke
- Peripheral Vascular Disease

Pulmonary (LUNG) problems:

- Pneumonia
- Emphysema
- Bronchitis
- Cancer
- TB
- Blood clots

Gastro-intestinal illnesses:

- Chronic constipation / diarrhea
- Irritable bowel
- Ulcerative colitis or Crohn's
- Diverticulitis
- Bowel obstructions
- Gallbladder surgery or stones
- Gastric reflux (GERD)
- Ulcers
- Cancer
- Bowel surgery

Liver related illnesses:

- Hepatitis
- Cirrhosis
- Cancer

Kidney related illnesses:

- Stones
- Infections
- Kidney failure
- Dialysis (peritoneal or hemo)
- Visible blood in urine

Endocrine related illnesses:

- Diabetes – insulin or non insulin dependent
- Hypothyroid
- Hyperthyroid

Joint or bone related illnesses:

- Arthritis
- Osteoporosis
- Lupus
- Gout

Bleeding disorders:

- Chronic anemia
- Clotting problems
- Leukemia
- Previous blood transfusions

Skin disorders:

- New rash
- Rash that comes & goes
- Cancer

Eye disorders:

- Diabetic retinopathy
- Glaucoma
- Eye surgery / laser treatment

Family history of Kidney Disease:

- Stones
- Kidney Failure
- Dialysis / Transplant

Social history

- Smoker
- Alcohol use
- Illicit drug use
- Surgeries (please list): _____



Kidney Specialists, PC

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MEDICATION HISTORY

Name: _____ DOB: _____

Please list all of the medications (both prescription and non-prescription medications) that you are currently taking:
For example, do you take medications such as Motrin, Ibuprofen or Advil?

Medication	Dose	How often

Please list any vitamins / supplements that you are currently taking:

Please list any allergies that you have:

HOSPITALIZATION HISTORY

Please list your most recent hospitalizations:

When: _____

Where: _____

Why: _____

PHYSICIAN HISTORY

Please list the complete name of all the physicians that you current see:

Physician

Phone Number

PLEASE COMPLETE AND BRING TO YOUR APPOINTMENT