



## 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): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

