

NEW ORLEANS NEPHROLOGY ASSOCIATES, LLC

Metabolic Bone and Stone Center • Nephrology • Hypertension

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Diplomates of the
American Board of Nephrology

MEDICAL / SOCIAL / FAMILY HISTORY

Patient Name: _____ DOB: _____

Check items that apply to you:

Immunization Schedule

- MMR
- Varicella
- Hepatitis A, adult
- Hepatitis B, adult
- Pneumonia
- Td, adult
- Meningococcal
- Influenza

Past Medical History

- Kidney disease
- Chronic kidney disease
- Stage of kidney disease
- Transplantation
- Dialysis
- Polycystic kidney disease
- Acute kidney failure
- Glomerulonephritis
- Diabetes
- Type I
- Type II
- Type unknown
- High blood pressure
- Essential
- Renovascular
- White coat syndrome

Past Medical History – Heart

- Heart attack
- Angina (chest pain)
- Angioplasty
- Coronary stent
- Coronary bypass
- Other _____
- _____
- _____
- _____

Past Medical History - Cancer

- Lung
- Breast
- Prostate
- Colon
- Melanoma (skin)
- Bladder
- Lymphoma
- Kidney
- Thyroid
- Leukemia
- Pancreatic
- Jaundice
- Other _____
- _____

Other

- Stroke
- Gout

Ears/Eyes/Nose/Throat

- Blindness
- Cataracts
- Glaucoma
- Hearing problems

Cardiovascular

- Atrial Fibrillation
- Pacemaker
- AICD/Defibrillator
- Valve heart disease
- Congestive heart disease
- Mitral valve prolapse
- Other _____

Respiratory

- COPD
- Chronic bronchitis
- Asthma
- Emphysema
- Pneumonia
- Tuberculosis
- Sleep apnea

Gastroenterology

- GERD (reflux)
- Stomach/bowel disorder
- Gallbladder
- Hepatitis
- Inflammatory bowel disease
- Gluten intolerance
- Lactose intolerance

Genitourinary

- Enlarged prostate
- Kidney stones
- Frequent urinary infections

Musculoskeletal

- Osteoarthritis
- Osteoporosis

Neurological

- Multiple sclerosis
- Seizure disorder
- Parkinson's disease
- Dementia

Psychiatric

- Depression
- Anxiety

Endocrine

- Hypothyroidism (low)
- Hyperthyroidism (high)

Hematology

- Anemia
- Sickle cell anemia
- Sickle cell trait
- Blood transfusion
- Thalassemia

Immuno/Allergy

- HIV
- AIDS
- Rheumatoid arthritis
- Lupus

Surgical History

N/A

Family History

Kidney Disease

- None
- Father
- Mother
- Sibling
- Children

Diabetes

- None
- Father
- Mother
- Sibling
- Children

High Blood Pressure

- None
- Father
- Mother
- Sibling
- Children

Heart Disease

- None
- Father
- Mother
- Sibling
- Children

Cancer

- None
- Father
- Mother
- Sibling
- Children

Stroke

- None
- Father
- Mother
- Sibling
- Children

Gout

- None
- Father
- Mother
- Sibling
- Children

Polycystic kidney dx

- None
- Father
- Mother
- Sibling
- Children

Dementia

- None
- Father
- Mother
- Sibling
- Children

Father

- Living
- Decreased _____/Age
- Cause of death _____
- Unknown

Mother

- Living
- Decreased _____/Age
- Cause of death _____
- Unknown

Social History

Marital Status

- Married
- Single
- Divorced
- Separated
- Widowed

Living Arrangements

- Alone
- Spouse
- Significant Other
- Family member
- In home care
- Assisted living facility

Occupation

- Retired
 - Unemployed
 - Employed
 - Occupation
-

Deficiencies

- Hearing loss
- Poor vision/blindness
- Limited mobility
- Transportation challenges

Habits

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Current user | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Former user | <input type="checkbox"/> Cigars | <input type="checkbox"/> Some per day |
| <input type="checkbox"/> Never used | <input type="checkbox"/> Chewing tobacco | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Snuff | |
- _____ Packs/day
_____ Years
_____ Year quit

Alcohol

- Current user
- Former user
- Never used
- Occasional social drink
- 1-2 drinks per day
- 3 or more drinks per day

Recreational drugs

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Current user | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Former user | <input type="checkbox"/> Amphetamines |
| <input type="checkbox"/> Never used | <input type="checkbox"/> LSD |
| | <input type="checkbox"/> Heroin |
| | <input type="checkbox"/> Ecstasy |
| | <input type="checkbox"/> Opium |
| | <input type="checkbox"/> Cocaine |
| | <input type="checkbox"/> Barbiturates |
| | <input type="checkbox"/> Other |
-
-
-