

**Review of Systems: Please circle all that apply.**

**Constitutional:** Fever Chills Weight loss/gain Night sweats Weakness Fatigue Loss of appetite Nausea

**Eyes:** Blurriness Pain Discharge Itchiness

**Ears/Nose/Throat:** Hearing loss Earache Nasal drainage Sore throat

**Cardio/Peripheral Vascular:** Chest pain Difficulty breathing Fatigue Palpitations Edema  
Claudication Numbness

**Respiratory:** Shortness of breathe Cough Wheezing Asthma

**Gastrointestinal:** Abdominal pain Reflux Nausea Vomiting

**Genitourinary:** Incontinence Hematuria/blood in urine Dysuria Frequency Kidney stones

**Musculoskeletal:** Joint pain Back problems Arthritis Muscle weakness

**Skin:** Skin lesions Rash Itching Hives

**Neurologic:** Fainting Focal Weakness Numbness Seizures

**Psychiatric:** Psychiatric history anxiety depression memory loss

**Endocrine:** Diabetes Hot and cold intolerance Thyroid disease

**Hematologic:** Anemia Bleeding Blood clotting problems Swollen glands

**Sleep:** Snoring Excessive daytime sleepiness Witnessed apnea

**Others:** Hepatitis type \_\_\_\_\_ HIV \_\_\_\_\_ High potassium Low potassium

**Cancer:** \_\_\_\_\_

**Past Medial History: Please circle any that apply.**

High Cholesterol Gout Obesity Hypertension (high blood pressure)

Dementia Coronary artery disease Atrial fibrillation

GI Bleeding Congestive Heart failure COPD

Osteoarthritis Stroke Seizures Abdominal Aortic Aneurysm

Kidney transplant Urinary tract infections

Problems not mentioned in 2 sections above: \_\_\_\_\_

\_\_\_\_\_

**Check any surgeries and list year.**

Appendectomy \_\_\_\_\_   
  Kidney biopsy \_\_\_\_\_   
  Tonsillectomy \_\_\_\_\_   
  Prostate \_\_\_\_\_  
 Gallbladder \_\_\_\_\_   
  Hysterectomy \_\_\_\_\_   
  Pacemaker \_\_\_\_\_  
 Breast biopsy \_\_\_\_\_   
  Mastectomy \_\_\_\_\_   
  Coronary artery bypass \_\_\_\_\_  
 Other: \_\_\_\_\_

**Family History: please list family member and disease.**

Kidney disease: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_  
 Hypertension: \_\_\_\_\_  
 Heart disease: \_\_\_\_\_  
 Cancer: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Social History: please circle and list explanation.**

Marital Status:    Married    Single    Divorced    Separated    Partnered    Spouse deceased  
 Employed:    Full-time    Part-time    Retired  
 Current or Previous Occupation: \_\_\_\_\_  
 Education:    High school diploma    GED    Some College    College graduate  
 Tobacco use:    Non-smoker    Previous Smoker    Smoker per day: 1-9    10-19    20-39    40+  
 Alcohol use:    None    Occasional    Everyday: \_\_\_\_\_  
 Drug use:    Never    Previous: \_\_\_\_\_    Current: \_\_\_\_\_  
 Caffeine consumption:    Never    Some    Cups per day: \_\_\_\_\_

**Filled out by:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_