PEDIATRIC NEPHROLOGY PATIENT HISTORY FORM

Patient Name:		Date of Birth:	
Primary Care Physician:			
Which doctor referred you here?			
What is the reason for referral?			
How long has your child had or known about this problem?			
What other doctors have you seen for this problem?			

PAST MEDICAL HISTORY

Birth History	Weight:		Gestational Age (weeks):	
Name of Hospital where child was born:				
Pregnancy complications:				
Complications after birth:				
Hospitalizations:				
Surgeries:				

<u>Please mark any of the following that your child has had:</u>

☐ illnesses	☐ vision loss	☐ frequent ear infection	☐ frequent throat infection
☐ frequent urinary tract infection		☐ kidney stones	☐ hearing loss
☐ high blood pressure	☐ heart disease	☐ heart murmurs	☐ asthma
☐ high cholesterol	☐ diabetes	☐ seizures	☐ anemia
☐ skin rash	☐ allergies	☐ cancer	☐ stomach/intestine problems

Medications:	
Name of the pharmacy you use:	
Pharmacy Phone Number:	
Drug Allergies:	
Food/Latex Allergies:	

FAMILY MEDICAL HISTORY

<u>Please list any family members who currently have or previously had any of the following:</u>

Kidney stones:		Dialysis:	
Kidney transplant:		Other:	
Hypertension:		Heart disease:	
Diabetes		High cholesterol:	
Lupus:		Cancer:	
Other:			

SOCIAL HISTORY

School:		Current grade:	
With whom does child live?			
Siblings?			
Pets?			
Hobbies?			

REVIEW OF SYSTEMS

Mark any recent problems you have noted and please explain.

GENERAL	☐ weight loss	☐ weight gain	☐ fever	☐ loss of appetite	☐ decreased energy	☐ other
EYES	☐ tearing	☐ redness	☐ discharge	☐ other		
EARS	☐ pain	☐ discharge	☐ pulling at ears	☐ hearing loss	☐ other	
NOSE / MOUTH / THROAT	☐ runny nose	☐ sore throat	☐ mouth sores	☐ problem swallowing	☐ other	
CARDIOVASCULAR	☐ palpitations	☐ fast heart rate	☐ chest pain	☐ swelling in legs, face, hands		
RESPIRATORY	☐ cough	☐ wheezing	☐ shortness of breath	☐ bloody cough		
GASTROENTEROLOGY	☐ nausea	☐ vomiting	☐ constipation	☐ diarrhea		
	☐ increased appetite	☐ abdominal pain	☐ blood in stool	☐ frequent soiling		
	☐ decreased appetite					
UROLOGY	☐ pain on urination	☐ blood in urine	☐ foamy urine	☐ cloudy urine		
	☐ bedwetting	☐ problems urinating	☐ daytime wetting	☐ incontinence		
MUSCULOSKELETAL	☐ weakness	☐ joint pain	☐ muscle aches	☐ swelling joints		
SKIN	☐ rash	☐ redness	☐ pallor	☐ itching masses		
PSYCHIATRIC	☐ depression	☐ anxiety	☐ mood swings	☐ sleep problems	☐ disorientation	
ENDOCRINE	☐ excessive thirst	☐ cold/heat intolerance	☐ frequent urination			
HEMATOLOGY/LYMPHOMA	☐ excessive bleeding	☐ anemia	☐ bruising	☐ swollen glands	☐ enlarged lymph nodes	
ALLERGY	☐ recurrent infections	☐ hay fever				