REDWOOD RENAL
ASSOCIATES

MEDICAL HISTORY

Please, fill this form out and bring to your first appointment. This is a confidential part of your medical history and will be kept as a permanent part of your chart. Release of any information contained in all pages of this form requires your written authorization as mandated by Health Privacy and Portability regulations (HIPAA).

Name	Age:	Date of birth:
Today's date:	Height:	Weight:
Your Primary Care Provider:		
Your Referring Physician:		
Reason for Today's appointment:		

Past Medical History

Please, list all your medical problems

Diagnosis	Date	Doctor

Past Surgical History

Please list all surgeries you have had in the past

Type	Date	Surgeon	Complications if any

Medications

Please bring your medication list, all your medication bottles, and any medication organizers to your appointment. Please complete the attached medication form, including any over the counter medications such as NSAIDS, herbal medications, alternative medical therapies or natural remedies

Patients Name:	Sign & Date:

Redwood Renal Associates
Family History

Relative	Age	Health	Age at death	Cause of death
Father				
Mother				
Siblings				
Children				

Has any of your immediate blood relatives ever had: Check if Yes – Who?

☐ Cancer ☐ Heart Disease ☐ Sickle Cell ☐ Congenital deformities ☐ Diabetes ☐ Stroke

☐ Kidney Disease ☐ Dialysis ☐ High Blood Pressure ☐ Polycistic Kidney Disease ☐ Other

Social History
Please check any that apply

Present Occupation:	If Retired, previous occupation:

☐ Married: ☐ Single ☐ Widowed ☐ Divorced	☐ I Live Alone:	☐ I live with someone who can care for me	☐ I live alone but have friends or family that can care for me	☐ I live with someone who is unable to care for me

Habits

SMOKING:	☐ I do not smoke and have never smoked		
	☐ Quit smoking; When?	How many years?	Packs per day:
	☐ I Currently Smoke	How many years?	Packs per day:
ALCOHOL:	Do you consume Alcoholic beverages? Type?		# per week:
	Have you ever had a drinking problem?		
DRUGS:	Do you use Recreational Drugs Now?	Have you ever used recreational drugs?	

Allergies or High Risk Medications

☐ Penicillin ☐ Sulfa ☐ Aspirin ☐ Iodine ☐ Shellfish ☐ Latex ☐ Tape ☐ ACE Inhibitors

Please list ANY Substances to which you are allergic and note the type of reaction:

Do you wish to tell us anything else we have not addressed?

Patient Name:	Signature & Date:

Review of Systems – Please check YES if you currently have, or have ever had the following:					
Problem	**YES**	**NO**	**Problem**	**YES**	**NO**
Recent, Unintentional Weight Changes			Stomach Ulcers or Pains		
Spots before Eyes, Diabetic Eye Disease			Jaundice		
Blurred, double vision or Glaucoma			Hiatal Hernia		
Poor hearing or ringing in ears			Reflux or heart burns		
Mouth Sores, Ulcers or Thrush			Intestinal Bleeding		
Difficulty Swallowing			Nausea or Vomiting		
Nosebleeds			Diverticulitis		
Frequent or severe headaches			Hemorrhoids		
Sinus Trouble or Hoarseness			Bloody or black tarry stools		
Coughing up blood			Hepatitis		
Pleurisy			History of Internal Bleeding		
Bronchitis or Emphysema			Gallbladder problems		
Asthma or Wheezing			Colitis		
Swelling in your legs			Constipation		
Shortness of breath			Diarrhea		
Chest pains or Angina			Lose Urine on coughing or sneezing		
Dizziness or Fainting spells			Kidney Stones		
Persistent Cough			Difficulty starting Urine		
Heart Attacks			Blood in Urine		
Wake at Night Short of breath			Trouble emptying Bladder		
Leg Cramps on walking			Dribbling at end of Urination		
Irregular heartbeat, palpitations			Back Pains		
Heart Failure			Fevers or Night Sweats		
Previous Blood transfusion			Enlarged glands or lymph nodes		
Poor Appetite			Easy bruising		
Snoring			Skin Rashes		
Anemia			AIDS or HIV positive		
Blood Clots in Legs or lungs			Psoriasis		
Epiliepsy or seizures			Skin Problems		
Tingling in feet & hands			Changes in Hair		
Stroke			Arthritis		
Mental Illness			Joint Swelling		
Depression			Muscle Aches		
Memory Loss			Joint Pains		
Tremors or Falls			Gout or Lupus		
Diabetes or thyroid disease			OTHER:		
Patient's Name:			Signature & Date:		

Redwood Renal Associates
2505 Lucas Street, Eureka, CA 95501
707-444-2534 FAX: 707-4410344