**KIDNEY-HYPERTENSION CLINIC, PC**

**Name:** _____ **Date:** _____

**Referring Doctor**: _____

| ***Past Medical History*** | | | |
|---|---|---|---|
| | | | **Description and Duration** |
| **High Blood Pressure** | **Y** | **N** | |
| **Heart Surgery** | **Y** | **N** | |
| **Diabetes** | **Y** | **N** | |
| **Kidney Disease/Stone** | **Y** | **N** | |
| **Lung Disease** | **Y** | **N** | |
| **Peptic Ulcer Disease** | **Y** | **N** | |
| **Arthritis/Gout** | **Y** | **N** | |
| **TB / Cancer** | **Y** | **N** | |
| **Liver Disease Hepatitis** | **Y** | **N** | |
| **HIV/AIDS** | **Y** | **N** | |
| **Strokes** | **Y** | **N** | |
| **Eye Problems** | **Y** | **N** | |
| **Lipid Problems** | | | |
| **Past Surgeries** | | | |
| **Medications** | | | |
| **Allergies** | | | |
| **FAMILY HISTORY OF MEDICAL DISEASES:** | | | |
| **Father** | | | |
| **Mother** | | | |
| **Brother** | | | |
| **Sisters** | | | |
| **Children** | | | |
| **Others** | | | |
| **Personal History** | | | |
| **Job/Employments** | | | |
| **Education** | | | |
| **Smoking** | Packs/day: | | For How Many years: |
| **Alcohol** | Hard Liquor: | | |
| **Recreational Drug** | Names: | | |
| **Transfusions** | When: | | How many units: |
| **Venereal Diseases/HIV** | | | |