

NEPHROLOGY ASSOCIATES OF DAYTON

Patient Name: _____ Date of Birth: _____ Today's Date: _____

IT IS VERY IMPORTANT TO BRING YOUR MEDICATION LIST TO EVERY VISIT!

1. Please list any allergies, adverse reactions, or side effects to medications/latex/dyes/shellfish/etc and the type of reaction you have to these items: _____

2. List all medications (including over-the-counter) that you are currently taking:

Name of Medication	Strength (ex: mg)	How often do you take this medication?

3. What is your preferred pharmacy?

Pharmacy Name: _____ Location (Street/City): _____

4. Have you been diagnosed with any of the following?

Diagnosis	Yes or No	What year were you diagnosed?
Diabetes	Y or N	
High Blood Pressure	Y or N	
Protein in Urine	Y or N	
Blood in Urine	Y or N	
Kidney Stones	Y or N	
Cancer (if yes, what part of body?)	Y or N	
Thyroid Problems	Y or N	
Frequent Urinary Infections	Y or N	

Any other medical problems not mentioned above: _____

Please continue on other side...

Patient Name: _____ Date of Birth: _____ Today's Date: _____

5. List all surgeries you have had:

Type of Surgery	Location on Body	Year of Surgery	Surgeon or Facility

6. Provide a Medical Family History (blood relatives only):

Relative	Living / Deceased	Age at Death	Health Problems
Mother			
Father			
Sister			
Brother			

7. Do or did you ever use tobacco (smoke or chew)? **Yes or No (circle one)**
 If yes, do you currently use tobacco? Yes or No
 If yes, how much do you use per day? _____
 If you do not currently use, when did you quit? _____
 When you used, how much did you use per day? _____

8. Do you currently drink alcoholic beverages? **Yes or No (circle one)**
 If yes, how much do you drink per month? _____

9. Do you have a history or currently use substances or drugs? **Yes or No (circle one)**
 If yes, what substances or drugs? _____

10. Please list all doctors you visit on a regular basis:

Physician Name	Why do you see this doctor?	How long?

Thank you. Please update this information with your physician anytime it changes.