



Patient History Information

Name _____

DOB _____

Reason for today's visit _____

Who referred you to our Practice? _____

Please List ALL ALLERGIES to Medications and Environment:

Please Check ALL that Apply

Past Medical History

- Acute Renal Failure
- Chronic Kidney Disease
 - Stage I
 - Stage II
 - Stage III
 - Stage IV
 - Stage V
- High Blood Pressure
- Renovascular Disease
- Hyperkalemia
- Hypokalemia
- Hypercalcemia
- Hypocalcemia
- Congestive Heart Failure
- Diabetes
- HX Acidosis
- Alkalosis
- Anemia
- Vasculitis
- Diarrhea
- Kidney Transplant
- Urinary Obstruction
- Kidney Stone
- Proteinuria
- Hematuria

Additional Past Medical History
