

## Nephrology Medical Health History

Patient Name: \_\_\_\_\_ Patient D.O.B: \_\_\_\_\_

Primary Medical Doctor: \_\_\_\_\_

### Pediatric Medical History:

Has your child had any of the following? Please circle:

ADD/ADHD  
Environmental Allergies  
Jaundice  
Varicella (Chicken Pox)  
Hearing Loss  
Congenital Heart Disease  
Rh Incompatibility  
Seizure Disorder  
Measles  
Tonsilitis  
Heart Murmur

Asthma  
Sickle Cell Anemia  
Otitis Media  
GERD  
Developmental Delay

History of prematurity  
Birth defects  
Short stature  
Feeding difficulties  
Urinary Tract Infections  
Hypertension  
Diabetes Mellitus  
Kidney Stones  
Proteinuria (protein in the urine)  
Hematuria (blood in the urine)  
Anemia  
Bone disease/ fractures  
Liver disease  
Tumors  
Bleeding Disorder  
Inguinal Hernia  
Hepatitis B/ Hepatitis C  
Tuberculosis

Failure to Thrive  
Rheumatic Fever  
Rubella  
Scarlet Fever  
  
Pneumonia  
Irritable Bowel Disease  
Obesity  
Vision Problems  
  
Clotting Disorder  
Problems with Anesthesia  
Irritable Bowel Syndrome  
Colds  
Mumps

**Nursing intake:**

Difficulty toilet training

Urinary accidents (once toilet training is established)

**Other Medical History Not Listed:**

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**Pediatric Development and History:**

Any major injuries? \_\_\_\_\_

Any hospitalizations? \_\_\_\_\_

Any birth defects? \_\_\_\_\_

Are immunizations current? \_\_\_\_\_

Grade/Year in school: \_\_\_\_\_

Any special needs:

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**Surgical History:**

Has your child had any of the following surgeries? Please circle:

Adenoidectomy	YES	NO
Fracture Surgery	YES	NO
Heart Surgery	YES	NO
Gastrostomy	YES	NO
Cleft Palate	YES	NO
Circumcision	YES	NO
Inguinal Hernia	YES	NO
Lymph Node Biopsy	YES	NO
Tonsillectomy	YES	NO
Cleft Lip	YES	NO
VP Shunt	YES	NO
Cholecystectomy	YES	NO
Appendectomy	YES	NO
Cosmetic Surgery	YES	NO
Ear Tubes	YES	NO
Umbilical Hernia	YES	NO
Orchiopexy	YES	NO
Fundoplication	YES	NO

**Other Surgical History Not Listed:**

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**Family History: Please indicate if any RELATIVE has any of the following conditions and how they are related to the patient:**

Hypertension - \_\_\_\_\_  
Diabetes Mellitus- \_\_\_\_\_  
Preeclampsia (high blood pressure in pregnancy) - \_\_\_\_\_

Kidney disease- \_\_\_\_\_  
Kidney stones- \_\_\_\_\_  
Dialysis- \_\_\_\_\_  
Kidney transplant- \_\_\_\_\_  
Urinary reflux- \_\_\_\_\_  
Heart Disease- \_\_\_\_\_  
Lung Disease- \_\_\_\_\_  
Liver Disease- \_\_\_\_\_  
Urinary reflux- \_\_\_\_\_  
Hearing loss/Deafness- \_\_\_\_\_  
Rheumatologic disorder (ex. Lupus, rheumatoid arthritis) - \_\_\_\_\_

Sickle Cell Disease or trait- \_\_\_\_\_  
Endocrine Disease (ex. Thyroid disorder)- \_\_\_\_\_

Cancer or tumors- \_\_\_\_\_

**Other family history not listed:**

\_\_\_\_\_

**Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_