



Tarrant Nephrology Associates

PATIENT MEDICAL HISTORY QUESTIONNAIRE

NAME: _____ D.O.B: _____ DATE: _____

Please **TICK** below if you currently have any of the following in the **DASH**

CARDIOLOGY

- Hypertension
- Angina
- Heart Attack
- Heart Failure
- Atrial Fibrillation
- Irregular Heart Beat
- Heart Murmur
- Peripheral Vascular Disease
- Aortic Aneurysm

PULMONARY

- Asthma
- Chronic Bronchitis
- Emphysema
- COPD
- Pneumonia
- Pulmonary Hypertension
- Clot in the lungs
- Sleep Apnea
- Lung Cancer

ENDOCRINE

- Diabetes Type 1
- Diabetes Type 2
- Thyroid Problems
High Low
- Addison's Disease
- Cushing's Syndrome
- Pituitary Adenoma
- High Cholesterol
- Obesity

GASTROINTESTINAL

- Acid Reflex
- Ulcer Disease
- Gall Bladder Disease
- Vomiting Blood
- Blood in Stool
- GI Cancer
- Diverticulosis
- Polyps

LIVER DISEASE/PANCREAS

- Hepatitis Type _____
- Cirrhosis
- Liver Cancer
- Gallbladder Stones
- Pancreatitis
- Pancreatic Cancer

GENTIOURINARY

- Recurrent UTI
- Kidney Stones
- Chronic Kidney Disease
- Nephritis
- Prostate Problem
- Kidney Cancer
- Bladder Cancer

HEMATOLOGY

- Anemia
- Leukemia
- Bleeding Disorder
- Blood clots - Legs
- Multiple Myeloma
- Varicose Veins
- HIV

NEUROLOGY

- Neuropathy
- TIA
- Stroke
- Migraine
- Seizure
- Parkinsons Disease
- Alzheimers/Dementia

ARTHRITIS & MUSCULOSKELETAL DISORDERS

- Rheumatoid Arthritis
- Osteoarthritis
- Gout
- Osteoporosis/Osteopenia
- Other _____

- Lupus (SLE)
- Scleroderma
- Sjogerns Syndrome
- Fibromyalgia
- Other _____

OTHER MEDICAL CONDITIONS

1. _____
2. _____
3. _____
4. _____