

Date of Visit _____

Pediatric Nephrology New Patient History Form

Patient Name _____ DOB _____
Primary Care Physician _____
Which doctor referred you here? _____
What is the reason for referral? _____
How long has your child had or know about this problem? _____
What other doctors have you seen for this problem? _____

Past Medical History:

Birth History: Weight _____
Name of hospital where child born _____
Gestational Age (weeks) _____
Pregnancy Complications _____
Complications after birth _____

Hospitalizations: _____

Surgeries: _____

Circle any of the following that your child has had:

Illnesses	Asthma
Vision loss	High Cholesterol
Frequent ear infection	Diabetes
Frequent throat infection	Seizures
Frequent urinary tract infections	Anemia
Kidney stones	Skin rash
Hearing loss	Allergies
High blood pressure	Stomach/intestine problems
Heart disease	Cancer
Heart murmurs	

Medications: _____

Which Pharmacy do you use? _____

Pharmacy Phone #: () _____

Drug Allergies: _____

Food/Latex Allergies: _____

Family Medical History:

List family members who have/had:

Kidney problems: Stones _____

Dialysis _____

Transplant _____

Other _____

Hypertension _____

Heart Disease _____

Diabetes _____

High Cholesterol _____

Lupus _____

Cancer _____

Other _____

Social History:

School: _____ current grade: _____
With whom does child live? _____
Siblings? _____
Pets? _____
Hobbies? _____

Review of Systems:

Check any recent problems noted **and** explain:

General: weight loss weight gain fever loss of appetite decreased energy other

Eyes: tearing redness discharge other

Ears: pain discharge pulling at ears hearing loss other

Nose/Mouth/Throat: runny nose sore throat mouth sores problem swallowing other

Cardiovascular: palpitations fast heart rate chest pain swelling in legs, face or hands

Respiratory: cough wheezing shortness of breath bloody cough

Gastroenterology: nausea vomiting constipation diarrhea decreased appetite
increased appetite abdominal pain blood in stool frequent soiling

Urology: pain on urination blood in urine foamy urine cloudy urine bedwetting
problems urinating daytime wetting incontinence

Musculoskeletal: weakness joint pain muscle aches swelling joints

Skin: rash redness pallor itching masses

Neurology: headache confusion dizziness lightheadedness fainting

Psychiatric: depression anxiety mood swings sleep problems disorientation

Endocrine: excessive thirst cold/heat intolerance frequent urination

Hematology/Lymphoma: excessive bleeding anemia bruising swollen glands
enlarged lymph nodes

Allergy: recurrent infections hay fever