 **Southern Kidney Specialists, L.L.C.** 

**Office Location:** **Mailing Address:**

1057 Paul Maillard Drive P.O. Box 1800

Suite 2210 Luling, LA 70070

Luling, LA 70070

**Patient’s Medical History**

**Please check off all that applies to your medical history.**

 **Anemia**  **Heart Attack** **Cancer (What kind if Applicable)** **High Blood Pressure**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hyperlipidemia (High)**

 Hy

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hyperthyroidism (High)**

 **COPD (Chronic Obstructive Pulmonary Disease) Hypothyroidism**

 **Coronary Artery Disease Kidney Disease**

 **Dementia** **Kidney Stones**

 **Diabetes** **Kidney Transplant**

 Type 1 **Dialysis**

 Type 2 **Polycystic Kidney Disease**

 Unknown **Glomerulonephritis**

 **GERD Osteoporosis**

 **Gout** **Stroke**

**Patient’s Surgical History**

**Patient’s Family History**

**Stroke**

**Kidney Stones**

**Kidney Disease**

**Hyperlipidemia**

**Anemia**

**Cancer**

**Diabetes**

**Dementia**

**Gout**

**Heart Disease**

**High Blood Pressure**

**Please fill out and check all that apply:**

|  |  |  |
| --- | --- | --- |
| **Relationship** | **Name** | **Status** |
|  **Mother** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Father** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sister** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Brother** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mat. Aunt** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mat. Uncle** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pat. Aunt** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pat. Uncle** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MGM** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MGF** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PGM** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PGF** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **Adopted Family History Unknown**

**Patient’s Social History:**

 **TOBACCO** **ALCOHOL**

□ Current User □ Cigarettes □ Current User □Occasional Drink

□ Former User □ Cigars □ Former User □1-2 Drinks Daily

□ Never Used □ Chewing Tobacco □ Never Used □ 3 or more drinks daily

□ Unknown □ Snuff

 □ Pipes OTHER COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Years Started □ Every Day

\_\_\_\_\_\_ Year Quit □ Some Days

**RECREATIONAL DRUGS**

□ Current User

□ Former User

□Never Used

 □ Marijuana □ Opium □Heroin

 □ Amphetamines □ Cocaine □ Ecstasy

 □ LSD □ Barbiturates □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_