[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwi48-v5opjRAhUj64MKHeQrBRIQjRwIBw&url=https://www.pinterest.com/explore/fleur-de-lis/&psig=AFQjCNH51i_RBpdGRtXnFViGPlPRKch_yA&ust=1483062080076415) **Southern Kidney Specialists, L.L.C.** [](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwi48-v5opjRAhUj64MKHeQrBRIQjRwIBw&url=https://www.pinterest.com/explore/fleur-de-lis/&psig=AFQjCNH51i_RBpdGRtXnFViGPlPRKch_yA&ust=1483062080076415)

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