Nephrology Associates
OF TIDEWATER, LTD.

HISTORY & PHYSICAL

DATE:_____

THE INFORMATION YOU PROVIDE WILL ASSIST US IN YOUR CARE. PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.

NAME:_____ ☐ **MALE** ☐ **FEMALE** **HEIGHT**_____ **WEIGHT**_____
MARITAL STATUS: ☐ **MARRIED** ☐ **SINGLE** ☐ **WIDOWED** ☐ **SEPARATED** ☐ **DIVORCED**
ETHNIC IDENTITY: ☐ **CAUCASIAN** ☐ **AFRICAN-AMERICAN** ☐ **ASIAN** ☐ **HISPANIC** ☐ **NATIVE AMERICAN** ☐ **OTHER**

LIST ALL PERSONS WHO LIVE IN YOUR HOUSEHOLD		
NAME	**RELATIONSHIP**	**YR BIRTH**

CHECK HERE IF YOU OR A BLOOD RELATIVE HAVE HAD ANY OF THE FOLLOWING:		
	YOU	**RELATIVE**
DIABETES		
CANCER		
HIGH BLOOD PRESSURE		
HEART DISEASE		
ANEMIA		
ASTHMA		
THYROID PROBLEMS		
KIDNEY, BLADDER, URINARY		
SEIZURE / FITS		
STROKE		
LUNG PROBLEMS		
STOMACH, BOWEL PROBLEMS		
LIVER PROBLEMS		
HEPATITIS B or C		
ARTHRITIS		
TB / POSITIVE SKIN TEST		
HIV / AIDS		

CHRONIC ILLNESSES CURRENTLY BEING TREATED

LIST ALLERGIES TO MEDICATIONS

LIST ALL MEDICATIONS AND DOSAGES TAKEN ON A REGULAR BASIS, INCLUDING HERBAL SUPPLEMENTS

LIST ANY OPERATIONS YOU HAVE HAD	**YEAR**
1.	
2.	
3.	
4.	
5.	

HOSPITALIZATIONS (OTHER THAN OPERATIONS & CHILDBIRTH)	
REASON	**YEAR**
1.	
2.	
3.	
4.	
5.	

SOCIAL HISTORY:

***ALCOHOL*:**

☐ NEVER ☐ SOCIALLY ☐ DAILY ☐ WEEKLY

TOBACCO: ☐ NONE

CIGARETTES_____PACKS PER DAY FOR _____YEARS

CIGARS / PIPE_____PER DAY FOR _____YEARS