South Florida Nephrology Consultants

Memorial Regional Hospital Medical Office Centre
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Julio C. Vijil, M.D. **Neil J. Weiner, D.O.**
Board Certified, American Board of Internal Medicine
Board Certified, American Board of Nephrology

Name:_____
Age: _____
Gender: _____

Allergies
1_____
2_____
3_____

Reaction
1_____
2_____
3_____

Medical History
__Hypertension. # of Years _____
__Diabetes. # of Years _____
Has it affected your eyes?
__Yes __No __Unsure
When was your last eye exam?
Date_____
__Congestive Heart Failure
__Heart Disease
Stent: __Yes __No
__Stroke
__Cancer
Type:
__Peripheral Vascular Disease
__Thyroid Problem
__Kidney Problem
__Kidney Stone
__Lung Problem
__Circulation Problem
__High Cholesterol
Any Other Important Conditions?
1_____
2_____
3_____

Surgical History

Surgery	Year
1_____	1 _____
2_____	2 _____
3_____	3 _____

Hospitalization (within 1 year)
List reason and year
1_____ _____
2_____ _____
3_____ _____

Family History (Check all that apply)

Father: __Alive __Deceased	***Mother***: __Alive __Deceased
__Kidney Problem	__Kidney Problem
__Diabetes	__Diabetes
__High Blood Pressure	__High Blood Pressure
__Heart Disease	__Heart Disease
__Stroke	__Stroke
__Cancer	__Cancer
__Unknown	__Unknown
Siblings: __Alive __Deceased	***Children***: __Son __Daughter
# of Brothers:___ # of Sisters:__	# of Sons:___ # of Daughters:___

Immunizations
__Influenza vaccine (flu shot)
Received this past year: Yes No
If no, why was the vaccine not received?

Social History (check all that apply)
Marital Status: Married Single Divorced Widowed
Travel: Yes No
Smoking: Yes No
If yes: Current Former
Packs per day:____ # of Years:_____
If you quit, how long ago? _____
Caffeine: Yes No
Alcohol: Yes No
Drugs (recreational): Yes No

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Review of Systems

Name:_____

What do you use for everyday pain?

Advil __Tylenol __Motrin __Aleve __Naproxen

Are you taking over the counter Meds

Yes __No

If yes, please list below

1_

2_

3_

Check All That Apply

Dermatology

__Rash
__Itching

Endocrinology

__Fatigue
__Excessive sweating
__Excessive Thirst

General

__Weight change
__Loss of appetite
__Fever
__Weakness

Ophthalmology

__Diminished Vision
__Eye irritation
__Drainage from eyes
__Blurring of vision

Neurology

__Headache
__Numbness
__Seizures

ENT/Respiratory

__Coughing up blood
__Nose bleed
__Hearing Loss
__Sore Throat
__ Cough

Cardiology

__Chest pain
__Palpitations
__Leg Swelling
__Dizziness
__Shortness of breath
__Waking up short of breath

Gastroenterology

__Nausea
__Black tarry stools
__Difficulty Swallowing
__Abdominal pain
__Diarrhea
__Constipation
__Blood in stool

Musculoskeletal

__Joint Swelling
__Joint Pain
__Leg Cramps
__Joint Stiffness
__Pain in upper back
__Muscle Aches

Psychology

__Depression
__Anxiety
__Sleep problems

Genitourinary Male

__Urinary urgency
__Difficulty urinating
__Blood in urine
__Prostate disease
__Urinating at night
# of times_____
__Proteinuria

Genitourinary Female

__Blood in urine
__Difficulty urinating
__Urinary urgency
__Urinating at night
# of times_____
__Proteinuria