



South Florida Nephrology Consultants

Memorial Hospital West Medical Office Centre
603 N. Flamingo Road, Suite 265
Pembroke Pines, FL 33028

Tel: (954) 437-2101 & (954) 986-9008 - Fax: (954) 437-9773 & (954) 986-6646

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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 _____

Surgical History

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

Congestive Heart Failure
 Heart Disease
Stent: Yes No
 Stroke
 Cancer
Type:

Hospitalization (within 1 year)

List reason and year

1 _____	_____
2 _____	_____
3 _____	_____

Peripheral Vascular Disease
 Thyroid Problem
 Kidney Problem
 Kidney Stone
 Lung Problem
 Circulation Problem
 High Cholesterol
Any Other Important Conditions?
1 _____
2 _____
3 _____

Family History (Check all that apply)

Father: Alive Deceased
 Kidney Problem
 Diabetes
 High Blood Pressure
 Heart Disease
 Stroke
 Cancer
 Unknown

Mother: Alive Deceased
 Kidney Problem
 Diabetes
 High Blood Pressure
 Heart Disease
 Stroke
 Cancer
 Unknown

Siblings: Alive Deceased
of Brothers: _____ # of Sisters: _____

Children: Son Daughter
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 Caffeine: Yes No
Smoking: Yes No Alcohol: Yes No
If yes: Current Former Drugs (recreational): Yes No
Packs per day: _____ # of Years: _____
If you quit, how long ago? _____



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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