

Advanced Kidney Care & Hypertension of SJ

Arun Chawla, MD

777 S White Horse Pike Suite B3, Hammonton, NJ 08037

Phone: (609) 535-3435, Fax: (866) 611-3119

MEDICAL HISTORY FORM

NAME _____

DATE OF BIRTH _____ TODAY'S DATE _____

Describe the reason for your visit today:

PERSONAL MEDICAL HISTORY:

Please indicate whether you have had any of the following medical problems:

Kidney Disease

Kidney Stones

Kidney Infection

Heart disease

Congestive Heart Failure

Hypertension (High blood pressure)

High cholesterol

Blood disorder

Retina disorder

Other health problems:

Liver disease

Hepatitis

COPD

Cancer Diabetes

Blood transfusion

Thyroid

problem Stroke

LIST HOSPITALIZATIONS AND SURGERIES, including date and hospital:

ALLERGIES: _____

MEDICATIONS: _____

Tobacco Use: Current Start date _____ Cigarettes/Cigars/day Chew

Never

Former _____ Quit date

Alcohol Use: Yes _____ Drinks/day No

Drug Use: Yes _____ Type _____ No