



NEPHROLOGY AND
HYPERTENSION
SPECIALISTS, P. A

BOARD CERTIFIED IN NEPHROLOGY
AND INTERNAL MEDICINE
1642 W. Baker Rd. Ste. B
Baytown Tx, 77521
Tel: (281)422-3000 Fax: (281)422-0937
4102 Woodlawn Ave, Ste. 220
Pasadena Tx, 77504
Tel: (281)422-3000 Fax: (713)360-6341
Email: nhspecialists@gmail.com
www.nhspecialists.com

PATIENT NAME:				PATIENT DOB:			
MEDICATIONS: If you have a list of meds, please provide updated list or medications to the front desk.				ALLERGIES:			
RENAL HISTORY							
Kidney Disease	Y	N	Protein in Urine	Y	N		
Kidney Stones	Y	N	Foamy Urine	Y	N		
High Blood Pressure	Y	N	Burning with Urination	Y	N		
Do you regularly check you BP?	Y	N	Trouble passing urine	Y	N		
Urine Infections	Y	N	Waking at night to pass urine. Frequency?	Y	N		
Blood in Urine	Y	N	Swelling of legs	Y	N		
Other							
PAST MEDICAL HISTORY							
Diabetes	Y	N	Emphysema / COPD	Y	N	Sleep Apnea	Y N
High Blood Pressure	Y	N	Asthma	Y	N	Gastrointestinal bleeding	Y N
Stroke	Y	N	Blood clots legs or lungs	Y	N	Liver disease or hepatitis	Y N
Seizures	Y	N	HIV infection	Y	N	Thyroid trouble	Y N
Heart Disease	Y	N	Tuberculosis	Y	N	Cancer	Y N
Heart murmur	Y	N	Heart Rhythm Disturbance	Y	N		Y N
Blood transfusion	Y	N	Lupus	Y	N		Y N
Other							
SURGERIES / INTERVENTIONS (List name and date)							
FAMILY MEDICAL HISTORY							
Kidney Disease	Y	N	Relation:				
Diabetes	Y	N	Relation:				
High Blood Pressure	Y	N	Relation:				
Heart Disease	Y	N	Relation:				
Stroke	Y	N	Relation:				
Cancer	Y	N	Relation:				
Lupus	Y	N	Relation:				
Other							

REVIEWING PHYSICIAN'S SIGNATURE:	DATE:
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