ROSEBURG
KIDNEY CARE

NAME: _____ **DOB:** _____

PRIOR MEDICAL PROBLEMS: (Circle all that apply)

Heart Procedures: Stents Bypass Valve Surgery Pacemaker

Gall Bladder removal

Appendix removal

Hysterectomy (uterus removal)

Kidney stones

Kidney surgery: _____

Cancer: _____

FAMILY HISTORY:

Does anyone in your immediate family (parents, siblings, children) have the following:

Diabetes (Type I or II): _____
High blood pressure: _____
Heart disease: _____
Stroke: _____
Kidney Problems: _____

Close friend or family member currently or previously on dialysis: _____

Do you currently smoke? YES or NO. If yes how many cigarettes on average per day: _____

Former smoker: Quit. _____ years ago, I smoked _____ cigarettes/day for _____ years _____

Alcohol use: None Rarely/Social 1-2 drinks/day >2 drinks/day

Marital Status: Marrie Divorced Single Name of Spouse:

Who can we share your medical information with? Spouse Other: _____

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