KIDNEY SPECIALISTS OF GEORGIA
EXCELLENCE IN KIDNEY CARE

Patient Health History

Name: _____ Date: _____

Which of the following illnesses have you or any your blood relatives had?

	I HAVE HAD	MY BLOOD RELATIVE HAS HAD
Chicken Pox		
Measles		
Mumps		
Rubella (German Measles)		
Rheumatic Fever		
Tuberculosis		
Thyroid Disease		
Asthma		
Diabetes		
Epilepsy/ Convulsions		
Rheumatism/ Arthritis		
Heart Disease		
Lung Disease		
Hepatitis/ Jaundice		
Kidney Infection/ Stone		
Bladder Infection/ Stone		
Sexually Transmitted Disease		
Tumor/ Cancer		
Anemia		
Stroke		
Alcoholism		
Pneumonia		
Gall Bladder Disease		
Hypertension/ high Blood Pressure		
HIV/ AIDS		
Skin Disease		
Hay Fever		
Depression		
Sickle Cell Anemia		

PLEASE LIST ALL ALERGIES:

_____

_____