

SIU Pediatric Nephrology Clinic

Patients name: _____

Reason for visit:

PMD:

Have you seen a nephrologist/ urologist before & name?

Labs/scan done and reports?

Family History – have any family members had the following: Unknown

- Deafness Yes No Who _____
Comments _____
- Heart disease or sudden death Yes No Who _____
Comments _____
- High blood pressure Yes No Who _____
Comments _____
- Kidney disease/dialysis/transplantation Yes No Who _____
Comments _____
- Diabetes Yes No Who _____
Comments _____
- Mental retardation Yes No Who _____
Comments _____
- Cancer Yes No Who _____
Comments _____

Child's Past Medical History – Does your child have or has he/she ever had:

- Allergies (food or medications) Yes No
Explain _____
- Frequent abdominal pain Yes No
Explain _____
- Bladder or kidney infection Yes No
Explain _____
- Bed-wetting (after 5 years old) Yes No
Explain _____
- (For girls) Has she started her menstrual period Yes No
- Frequent headaches Yes No
Explain _____
- Alcohol/Drug use Yes No
Explain _____
- Any other significant medical problems Yes No
Explain _____
- Any past surgeries/ hospitalizations: Yes No
Explain _____
- Immunizations up-to-date Yes No
Explain _____

Birth History (pick) Full term preamature post term
Weight _____ Complications _____

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Patients name: _____

NICU stay_____

Medications:

Pharmacy:

Social History – Please circle appropriate answers

Parents: Married Divorced Separated Single
Siblings: None Brothers (ages) _____ Sisters (ages): _____

Is your child currently enrolled in daycare or school? Yes No

Any exposure to smoke in the home? Yes No

For Nurse only

Vitals: Ht= Wt= HR= BP = Temp=