InterMed Consultants
Specialists in Kidney and Infectious Diseases

TODAY'S DATE / /

PATIENT'S NAME

DATE OF BIRTH / /

MEDICAL HISTORY

YES	NO	CONDITION	YES	NO	CONDITION	YES	NO	CONDITION
		ANEMIA			CORONARY ARTERY DISEASE			KIDNEY STONES
		ANXIETY			DEEP VEIN THROMBOSIS			NEUROMUSCULAR CONDITIONS
		ARTHRITIS			DEPRESSION			NEUROPATHOLOGY
		ASTHMA			DIABETES MELLITUS			POLYCYSTIC KIDNEY
		AUTO IMMUNE DISEASE (LUPUS, RA)			GI DISORDERS			RETINOPATHY
		BLEEDING PROBLEM			GOUT			SLEEP APNEA
		CANCER			HEPATITIS			STROKE
		CONGESTIVE HEART FAILURE			HIGH CHOLESTEROL			THYROID DISEASE
		CHRONIC KIDNEY DISEASE			HIGH BLOOD PRESSURE			RECURRENT UTI's

OTHER MEDICAL HISTORY

COMMENTS

SURGERY HISTORY

YES	NO	SURGERY	YES	NO	SURGERY	YES	NO	SURGERY
		ADENOID REMOVAL			EYE SURGERY			PROSTATE SURGERY
		APPENDIX REMOVAL			FRACTURE SURGERY			SMALL INTESTINE SURGERY
		BRAIN SURGERY			GASTROSTOMY			SPINE SURGERY
		CABG			HEART SURGERY			UMBILICAL HERNIA REPAIR
		GALL BLADDER REMOVAL			HERNIA REPAIR			VALVE REPLACEMENT
		COLON SURGERY			JOINT REPLACEMENT			VASECTOMY
		COSMETIC SURGERY			LYMPH NODE BIOPSY			VP SHUNT

OTHER MEDICAL HISTORY

COMMENTS

FAMILY HISTORY

☐ PATIENT ADOPTED

RELATIONSHIP	NAME	NO KNOWN PROBLEM	ADD PROBLEM	ALCOHOL ABUSE	ARTHRITIS	ASTHMA	BIRTH DEFECTS	CANCER	COPD	DEPRESSION	DIABETES	DRUG ABUSE	EARLY DEATH	HEARING LOSS	HEART DISEASE	HYPERLIPIDEMA	HYPERTENSION	KIDNEY DISEASE	KIDNEY STONES	LEARNING DISABILITIES	MENTAL ILLNESS	INTELLECTUAL DISABILITIES	MISCARRIAGES	STROKE	VISION LOSS
MOTHER																									
FATHER																									
SISTER																									
BROTHER																									
DAUGHTER																									
SON																									
SIBLING																									
ADD A FAMILY MEMBER																									

ADDED PROBLEM

COMMENTS

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PATIENT NAME

SOCIAL HISTORY STATUS	DETAILS
CURRENT MARITAL STATUS	❑ MARRIED ❑ SINGLE ❑ WIDOWED ❑ DIVORCED ❑ SEPARATED
LIVING ARRANGEMENTS	❑ ALONE ❑ SPOUSE / PARTNER ❑ FAMILY MEMBER ❑ ASSISTED LIVING FACILITY / NURSING HOME / GROUP HOME
OCCUPATION	❑ RETIRED ❑ STUDENT ❑ UNEMPLOYED ❑ EMPLOYED, OCCUPATION _____
SOCIAL HISTORY HABITS	**DETAILS**
TOBACCO USE	❑ CURRENT OR ❑ FORMER USER ❑ UNKNOWN ❑ NEVER USED TYPE: ❑ CIGARETTES ❑ CHEWING TOBACCO ❑ PIPES ❑ SNUFF ❑ CIGARS IF A FORMER USER, YEAR QUIT: _____ HOW OFTEN DO YOU CURRENTLY, OR DID YOU, SMOKE? ❑ EVERYDAY ❑ SOME DAYS ❑ UNKNOWN
VAPORIZER USE	❑ CURRENT USER ❑ FORMER USER ❑ NEVER USED ❑ UNKNOWN
ALCOHOL USE	❑ CURRENT USER ❑ FORMER USER ❑ OCCASIONAL ❑ 1-2 PER DAY ❑ 3 OR MORE/DAY ❑ NEVER USED ❑ UNKNOWN
RECREATIONAL DRUG USE	❑ CURRENT USER ❑ FORMER USER ❑ NEVER USED ❑ TYPE: _____ YEAR QUIT: _____

❑ NSAID USE (IBUPROFEN, MOTRIN, ADVIL, ALEVE, EXCEDRIN) NOT TYLENOL

CURRENT MEDICATIONS

(INCLUDING OVER-THE-COUNTER AND HERBAL MEDICATIONS)
Please bring all medication bottles to your appointment (preferred), or list your current medications below, or attach a current list of medications.

MEDICATION NAME	DOSE	MEDICATION NAME	DOSE

ARE YOU ALLERGIC OR INTOLERANT TO ANY MEDICATIONS? ❑ NO ❑ YES, PLEASE LIST BELOW

MEDICATION NAME	ALLERGY	INTOLERANCE	REACTION