

**PRINCE GEORGE'S KIDNEY CARE (Babak Razi, MD)**

**Health Information  
Medical History**

- 1. HISTORY OF DIABETES** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, any:  
     Eye problems from Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_  
     High Blood Pressure Yes \_\_\_\_\_ No \_\_\_\_\_  
     Arthritis How Long? \_\_\_\_\_  
     High Cholesterol Yes \_\_\_\_\_ No \_\_\_\_\_  
     Kidney Stones Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. DO YOU HAVE ANY?**
- Blood in Urine Yes \_\_\_\_\_ No \_\_\_\_\_  
 Difficulty Passing Urine Yes \_\_\_\_\_ No \_\_\_\_\_  
 Frequent Urination Yes \_\_\_\_\_ No \_\_\_\_\_  
 Bubbles in urine Yes \_\_\_\_\_ No \_\_\_\_\_  
 Swelling in Legs Yes \_\_\_\_\_ No \_\_\_\_\_  
 Shortness of breath when walking Yes \_\_\_\_\_ No \_\_\_\_\_  
 Shortness of breath at night Yes \_\_\_\_\_ No \_\_\_\_\_  
 Chest Pain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Nausea / Vomiting Yes \_\_\_\_\_ No \_\_\_\_\_  
 Reduced Appetite Yes \_\_\_\_\_ No \_\_\_\_\_  
 Weight Loss (Unintentional) Yes \_\_\_\_\_ No \_\_\_\_\_  
 Muscle Cramps Yes \_\_\_\_\_ No \_\_\_\_\_  
 Feeling unusually cold Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fatigue Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. DO YOU TAKE ANY?**
- Advil Yes \_\_\_\_\_ No \_\_\_\_\_  
 Motrin Yes \_\_\_\_\_ No \_\_\_\_\_  
 Ibuprofen Yes \_\_\_\_\_ No \_\_\_\_\_  
 Indomethacin Yes \_\_\_\_\_ No \_\_\_\_\_  
 Nutritional Supplements Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. FAMILY HISTORY OF:**
- Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_  
 High Blood Pressure Yes \_\_\_\_\_ No \_\_\_\_\_  
 Kidney Disease Yes \_\_\_\_\_ No \_\_\_\_\_

**Allergies:**
