KAISER PERMANENTE®

Nephrology
Patient Questionnaire

Part 1: Past Medical History

Check the box if you've had any of the following:

A kidney problem other than your current condition	☐ Yes ☐ No
Blood or protein in the urine	☐ Yes ☐ No
Red, black, or coca-cola colored urine	☐ Yes ☐ No
Frequent urinary tract infections	☐ Yes ☐ No
Passing stones or tissue in your urine	☐ Yes ☐ No
Unexplained (check yes for any of the following): - Rash - Abdominal pain - Joint swelling - Chest pain - Fever - Weight gain or loss	☐ Yes ☐ No
Born premature	☐ Yes ☐ No

Please explain if you've checked any of the above items:

_____
_____
_____
_____

Part 2: Family History

Check the box if you have a family history of the following:

	Mother, father, brother, sister	**Grandparent, aunt, uncle, cousin, etc.**
Kidney disease, kidney stones, protein in the urine, other abnormal urine test		
Premature hearing loss		
Serious vision problems		
Need for kidney dialysis		
Brain aneurysm or brain hemorrhage		
Died suddenly without a known cause		

Please explain if you've checked any of the above items:

_____
_____

Part 3: Personal History Updates (Since your last comprehensive evaluation):

Please answer the following questions:

Any change in your work status?	☐ Yes ☐ No
Are you having new trouble with any of the following:	☐ Yes ☐ No
Walking around outside	☐ Yes ☐ No
Walking around in your house	☐ Yes ☐ No
Getting to the bathroom	☐ Yes ☐ No
Showering	☐ Yes ☐ No
Driving	☐ Yes ☐ No
Managing your finances	☐ Yes ☐ No

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Part 4: Current Symptoms

Please check all that apply within the last 30 days:

General
- ☐ Fever
- ☐ Sweats
- ☐ Tired or weak
- ☐ Unexplained weight loss or weight gain
- ☐ Loss of appetite causing more than 5 pounds of weight loss
- ☐ Feeling cold
- ☐ Napping during the day

Head and Neck
- ☐ Sinus problems
- ☐ Bloody nose
- ☐ Vision problems besides glasses
- ☐ Lumps or bumps in neck

Heart/Circulation
- ☐ Chest pain or pressure lying down
- ☐ Skipping heart beats
- ☐ Shortness of breath when lying down
- ☐ Leg or finger swelling
- ☐ Swelling around the eyes
- ☐ Pain in the legs when walking

Lungs
- ☐ Cough
- ☐ Sputum production
- ☐ Snoring
- ☐ Shortness of breath at rest or with minimal exertion

Abdomen
- ☐ Nausea
- ☐ Vomiting
- ☐ Trouble with swallowing
- ☐ Heartburn or indigestion
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Severe constipation
- ☐ Bloody or black stool (not related to taking iron pills)

Urinary
- ☐ Feeling of not emptying bladder completely
- ☐ Pain with urination
- ☐ Blood in urine
- ☐ Foamy urine
- ☐ Smelly urine
- ☐ Stones or tissue in urine

Bones and Joints
- ☐ New or unexplained bone pain
- ☐ Hot, red, or swollen joints
- ☐ Change in arthritis pain

Blood
- ☐ Excessive bruising
- ☐ Excessive bleeding
- ☐ Lumps or bumps anywhere

Neurologic
- ☐ Lightheadedness or dizziness
- ☐ Numbness or tingling in feet
- ☐ Numbness or tingling in hands
- ☐ Numbness around mouth
- ☐ Muscle twitching
- ☐ Muscle cramps
- ☐ Falls or near falls

Mental Health
- ☐ Depression, feeling down
- ☐ Anxiety
- ☐ Stress

Skin
- ☐ Rash
- ☐ Purple spots or lines
- ☐ Skin sores

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