NEPHROLOGY CONSULTANTS
OF NORTHWEST OHIO

FOLLOW-UP PATIENT INTAKE FORM
(Please print)

Today's Date: _____

Name: _____ **Date of Birth:** _____

REASON FOR COMING TO THE DOCTOR TODAY:

Reason for Today's Visit: _____
Timing/Onset: When did symptoms first occur? _____
Associated Signs and Symptoms: Are there any other symptoms associated with your problem? _____
_____
Modifying Factors: What makes the condition better and/or worse? _____

REVIEW OF SYSTEMS:

Please place a check mark in the box next to any of the following symptoms or problems if you have experienced them recently or have concerns about them. Your doctor will discuss any positive responses with you.

General: **Normal**
- ❑ Altered Taste
- ❑ Appetite Loss
- ❑ Chills
- ❑ Fatigue
- ❑ Fever

Skin: **Normal**
- ❑ Rash

HEENT: **Normal**
- ❑ Blurred Vision
- ❑ Vertigo
- ❑ Nasal Congestion
- ❑ Sore Throat

Respiratory: **Normal**
- ❑ Cough
- ❑ Coughing up Blood
- ❑ Difficulty Breathing

Cardiovascular: **Normal**
- ❑ Chest Pain
- ❑ Edema
- ❑ Leg Cramps
- ❑ Palpitations

Gastrointestinal: **Normal**
- ❑ Abdominal Pain
- ❑ Black Tarry Stool
- ❑ Blood in Stool
- ❑ Diarrhea
- ❑ Nausea
- ❑ Vomiting

Genitourinary: **Normal**
- ❑ Blood in Urine
- ❑ Hesitancy
- ❑ Incontinence
- ❑ Painful Urination
- ❑ Excessive Urination at Night

Musculoskeletal: **Normal**
- ❑ Back Pain
- ❑ Joint Pain

Neurological: **Normal**
- ❑ Dizziness/Lightheaded
- ❑ Headaches
- ❑ Loss of Consciousness
- ❑ Numbness
- ❑ Tremors
- ❑ Weakness in Extremities

Psychiatric: **Normal**
- ❑ Anxiety
- ❑ Depression

Endocrine/Glands: **Normal**
- ❑ Excessive Urination

Hematology: **Normal**
- ❑ Easy Bruising