

TOWER NEPHROLOGY MEDICAL GROUP

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HEALTH HISTORY

IDENTIFYING DATA			CURRENT IMMUNIZATION STATUS		
NAME:		DATE:	TYPE	APPROX DATE	HAVE HAS DISEASE
INS. PLAN:		SS#	INFLUENZA		
SEX:		MARTIAL STATUS:	MUMPS		
			MEASLES		
OCCUPATION:		PAST OCCUPATION:	RUBELLA/GERMAN MEASLES		
PRIOR M.D.		DATE OF LAST EXAM:	DIPHThERIA		
			TETANUS (BASIC SERIES)		
			POLIO (BASIC SERIES)		
			TETANUS/DPT (MOST RECENT)		
			B.C.G.		
ALLERGIES/REACTIONS TO MEDICATION			PNEUMOVAX		
1			HEPTAVAX		
2			OTHER:		
3					
4					
SURGERIES/PROCEDURES:				YEAR	
5					
6					
MEDICATIONS: PRESCRIBED AND NON-PRESCRIBED					
DRUG NAME	DOSE	TAKEN HOW OFTEN			
1					
2					
3					
4					
5					
			HABITS		
6			#OF CAFFEINE CUPS/DAY		
7			SMOKE: # PACKS/DAY		
8			STRESS (HIGH, MEDIUM, LOW)		
9			LIFESTYLE/WORK FACTORS THAT INFLUENCE HEALTH		
10			TOXIC OCCUPATIONAL EXPOSURE		
			DO YOU WEAR SEAT BELTS?		
9			HABITUAL ALCOHOL USE?		
				HOW MUCH?	
10			HABITUAL DRUG USE?		
				TYPE AND HOW MUCH?	
FAMILY HISTORY: (PLEASE INDICATE ANU BLOOD RELATIVE WITH HISTORY OF THE FOLLOWING)					
CANCER			STROKE/CVA		
ANEMIA			ALZHEIMER'S		
LEUKEMIA			BLEEDING PROBLEMS		
DIABETES			EMPHYSEMA/COPD		
HIGH BLOOD PRESSURE			ALCOHOLISM		
HEART DISEASE			MENTAL ILLNESS		
HEART ATTACK/MI			OTHER HEREDITARY DISEASE		

	YES	MD REVIEW		YES	MD REVIEW
HEADACHES (FREQUENT)			ANEMIA		
EYE PROBLEMS			WEIGHT GAIN/LOSS		
FAILING VISION			CANCER		
HEARING LOSS					
THYROID DISEASE			TB		
STROKE			PNEUMONIA/PLEURISY		
DIZZY OR FAINT			SHORTNESS OF BREATH		
CONVULSIONS/SEIZURES			VALLEY FEVER		
HAY FEVER					
HIVES/RASHES			BLOOD OR BLACK STOOLS		
ALLERGIES			JAUNDICE/HEPATITIS		
TONSIL PROBLEMS			GALL BLADDER TROUBLE		
ENLARGED GLANDS			DIARRHEA		
ACNE			CONSTIPATION		
			FREQ. ABDOMINAL PAIN		
PERSONAL HISTORY IF MI			CHANGE IN BOWEL HABITS		
CHEST PAIN			INDIGESTION/HEARTBURN		
HEART DISEASE			PEPTIC ULCERS		
IRREGULAR HEART BEAT					
HEART MURMUR			URINATE AT NIGHT >2 TIMES		
RHEUMATIC FEVER			LEAKING URINE		
HIGH CHOLESTEROL			URINARY TRACT INFECTIONS		
SMOKING			KIDNEY STONES		
OBESITY			PAINFUL URINATION		
DIABETES			BLOOD IN URINE		
UNUSUALLY THIRSTY					
SWOLLEN ANKLES			VENEREAL DISEASE		
			INFERTILITY		
GOUT			IMPOTENCE		
PHLEBITIS			FOR FEMALES ONLY		
MAJOR INJURIES			PAINFUL MENSES/PERIODS		
ARTHRITIS			VAGINAL SPOTTING		
BROKEN BONES			BLEEDING AFTER MENOPAUSE		
JOINT INJURIES			IRREGULAR MENSES/PERIODS		
SCOLIOSIS			DID YOUR MOTHER TAKE A		
LEG PAIN WHEN WALKING			HORMONE DURING PREGNANCY?		
BACK PAIN			DO SELF BREAST EXAMS?		
			METHOD OF BIRTH CONTROL		
SLEEPING DIFFICULTY			# OF PREGNANCIES		
MENTAL DISORDER			# OF CHILDBIRTHS		
DEPRESSION			# OF MISCARRIAGES		
NERVOUSNESS			# OF ABORTIONS		
HABITUAL ALCOHOL USE			LAST MAMMOGRAM		
HABITUAL DRUG USE			LAST PAP SMEAR NORMAL?		
COMMENTS/CURRENT CONDITION					