Kidney Specialists
OF CENTRAL OKLAHOMA

3366 NW EXPRESSWAY, BLDG D, SUITE 550 OKLAHOMA CITY, OK 73112
(405) 942-5442 F: (405) 942-6448
WWW.KIDNEYSPECIALISTSOK.COM

_____
Date

Dear: _____

Welcome to Kidney Specialists of Central Oklahoma. As part of our service, we have enclosed patient registration and history forms for you to complete along with a map and directions to the office. Parking is available in the parking garage to the west of our building in the NW Expressway Garage. Free valet parking is available on the south side of our building.

Your appointment with _____

Is scheduled for _____

Arrival time: _____

Appointment time: _____

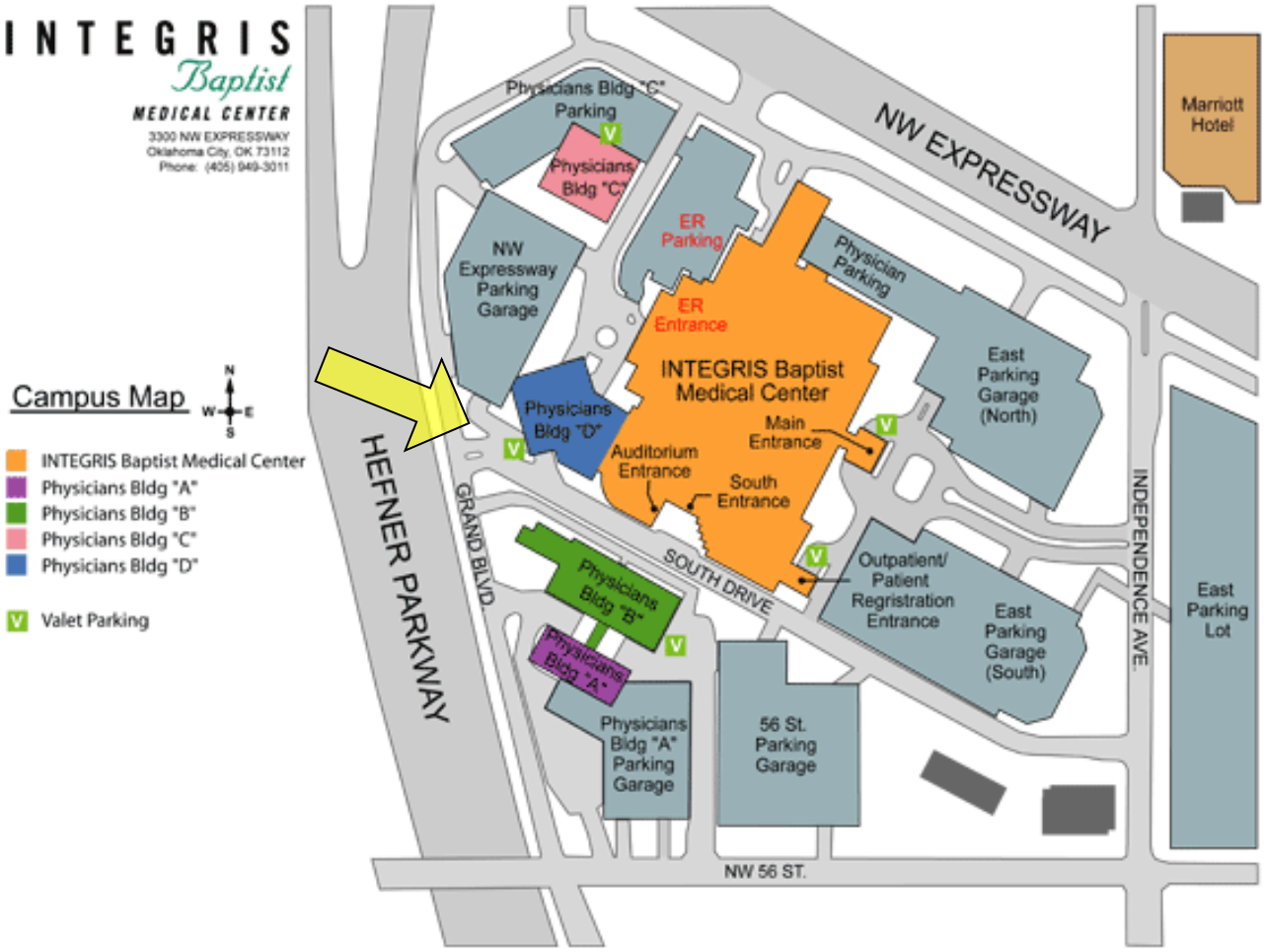
We reserve the right to reschedule any patients who fail to arrive at their scheduled **arrival** time.

Please plan on spending approximately 1 ½ hours at our clinic for this first visit

There are several things that you can do to help speed up the check in process:

- **Please bring all medications that you are currently taking in their original prescription bottles. This includes vitamins and supplements.**
- Please make certain to bring your insurance card(s). We will need to make front and back copies when you arrive. **If you have a copay, please be prepared to pay that at the time of check-in. If you are not sure what your specialist copay amount is we suggest you call your insurance company to verify the amount.** Of note, if you are on a managed care plan or HMO, please be advised that it is necessary to obtain referrals or authorizations to see our doctors. If that authorization is not in place, your appointment may be rescheduled. We suggest you call your family physician prior to appointment date to make certain a referral/authorization has been sent.
- The enclosed *Patient History* form is designed to get a brief medical history from you. This should be filled out in its entirety *before* your appointment as well as the *Patient Registration* form. Please bring both forms with you on the date of your appointment.
- **Please come prepared to give a urine sample upon request.**

We look forward to providing you with quality, compassionate medical care. If you have any questions, please feel free to call us at ***(405) 942-5442*** or visit our website at ***www.kidneyspecialistsok.com***.



Directions:

From North

Head South on Lake Hefner Parkway. Take NW Expressway Exit to eastbound NW Expressway. Follow to N Independence Ave, turn south on N Independence Ave. At third hospital entrance, turn right. Follow to Physicians Building D.

From South

Head North on I-44 to Lake Hefner Parkway. Take NW 50th exit and continue straight on Grand Blvd to Physicians Building D.

From East

Head West on I-40 to I-44 northbound. Follow I-44 northbound to Lake Hefner Parkway. Take NW 50th exit and continue straight on Grand Blvd to Physicians Building D.

From West

Head East on I-40 to to I-44 northbound. Follow I-44 northbound to Lake Hefner Parkway. Take NW 50th exit and continue straight on Grand Blvd to Physicians Building D.

KIDNEY SPECIALISTS OF CENTRAL OKLAHOMA

PATIENT HISTORY

Name *(Last, First, M.I.):*	☐ M ☐ F	**DOB:**
Primary or referring doctor:	**Today's Date:**	

Current Medications including vitamins and over-the-counter medications *(Attach a sheet if necessary)*

Name the Drug	Strength	Frequency Taken	Prescribing Doctor

Pharmacy Information	☐ Local ☐ Mail Order	Pharmacy Name:
Address:		Phone: ( )

Allergy List

Name the Allergen	Reaction You Had

Past Medical History (check all that apply)

☐ Kidney Disease	☐ Mitral Valve Prolapse	**Genitourinary**	☐ Anxiety Disorder
☐ Diabetes	**Lung**	☐ Kidney Stones	**Endocrine**
☐ High Blood Pressure	☐ COPD	☐ Recurrent UTI	☐ Underactive Thyroid
☐ Ischemic Heart Disease	☐ Bronchitis/Chronic Cough	**Obstetrical**	☐ Overactive Thyroid
☐ Cancer	☐ Asthma	☐ Preeclampsia	☐ Adrenal Insufficiency
☐ Stroke	☐ Emphysema	☐ Pregnancy Induced Hypertension	**Hematology**
☐ Gout	☐ Pneumonia	☐ Diabetes During Pregnancy	☐ Anemia
Eyes, Ears, Nose and Throat	☐ Tuberculosis	☐ History of Complicated Pregnancy	☐ Sickle Cell Disease
☐ Blindness	☐ Sleep Apnea	**Muscle and Bone**	☐ Sickle Cell Trait
☐ Cataracts	**Gastrointestinal**	☐ Osteoarthritis	☐ Blood Transfusion
☐ Hearing Problems	☐ GERD	☐ Osteoporosis	☐ Thalassemia
☐ Glaucoma	☐ Stomach/Bowel Ulcers	**Nervous System**	**Immune System/Allergy**
Heart	☐ Gall Bladder Disease	☐ Multiple Sclerosis	☐ HIV
☐ Irregular Heart Beat	☐ Hepatitis	☐ Seizures	☐ AIDS
☐ Pacemaker	☐ Inflammatory Bowel Disease	☐ Parkinson's	☐ Rheumatoid Arthritis
☐ AICD/Implantable Defibrillator	☐ Irritable Bowel Syndrome	☐ Dementia	☐ Lupus
☐ Heart Valve Disease	☐ Gluten Intolerance	**Psychiatric**	
☐ Congestive Heart Failure	☐ Lactose Intolerance	☐ Depression	

Briefly Explain

KIDNEY SPECIALISTS OF CENTRAL OKLAHOMA
PAGE 2

Surgical History Include approximate dates	☐ Appendectomy	☐ Gastric Bypass	☐ Prostatectomy	☐ Valve Replacement
	☐ CABG	☐ Hemorrhoidectomy	☐ Nephrectomy	☐ AV Fistula
	☐ Carotid Endarterectomy	☐ Hernia Repair	☐ Kidney Transplant	☐ AV Graft
	☐ Cataract Surgery	☐ Hip Replacement	☐ Thyroidectomy	☐ PD Catheter
	☐ Gall Bladder Removal	☐ Knee Replacement	☐ Tonsillectomy	☐ Other
	Briefly Explain			
Immunizations Include approximate dates	☐ Influenza		☐ Tetanus	
	☐ Pneumovax		☐ Hepatitis B	

Family History

Kidney Disease	☐ None	☐ Father	☐ Sibling	**Stroke**	☐ None	☐ Father	☐ Sibling
		☐ Mother	☐ Child			☐ Mother	☐ Child
Diabetes	☐ None	☐ Father	☐ Sibling	**Gout**	☐ None	☐ Father	☐ Sibling
		☐ Mother	☐ Child			☐ Mother	☐ Child
High Blood Pressure	☐ None	☐ Father	☐ Sibling	**Polycystic Kidney Disease**	☐ None	☐ Father	☐ Sibling
		☐ Mother	☐ Child			☐ Mother	☐ Child
Coronary Artery Disease	☐ None	☐ Father	☐ Sibling	**Dementia**	☐ None	☐ Father	☐ Sibling
		☐ Mother	☐ Child			☐ Mother	☐ Child
Cancer	☐ None	☐ Father	☐ Sibling	**Father**	☐ Living	☐ Deceased	☐ Unknown
		☐ Mother	☐ Child	**Mother**	☐ Living	☐ Deceased	☐ Unknown

Social History

Current Marital Status	☐ Married	☐ Single	☐ Divorced
	☐ Separated	☐ Widowed	
Living Arrangement	☐ Alone	☐ Spouse	☐ Significant Other
	☐ Family Member	☐ In Home Caregiver	☐ Assisted Living Facility
Occupation	☐ Retired	☐ Employed	
	☐ Unemployed	☐ Student	
Do any of the following impact your daily living?	☐ Hearing Loss	☐ Poor Vision or Blindness	
	☐ Limited Mobility	☐ Transportation Challenges	

Habits

Tobacco Use	☐ Current User	☐ Former User	☐ Never Used
Alcohol Use	☐ Current User	☐ Former User	☐ Never Used
Recreational Drug Use	☐ Current User	☐ Former User	☐ Never Used

Please list other physicians you see and for what reason

Name of Physician	Reason

Have you experienced any of the following in the last 12 months? (Check all that apply)			
Constitutional	**Lung**	☐ Anorexia	☐ Dryness
☐ Fever	☐ Shortness of Breath	☐ Trouble Swallowing	☐ Color Change
☐ Weight Gain	☐ Shortness of Breath at Rest	☐ Indigestion	**Nervous System**
☐ Weight Loss	☐ Shortness of Breath with Activity	**Genitourinary**	☐ Numbness
☐ Fatigue	☐ Pain with Breathing	☐ Sudden Urge to Urinate	☐ Tremors
☐ Chills	☐ Cough	☐ Painful/Burning Urination	☐ Seizures
☐ Weakness	☐ Wheezing	☐ Blood in Urine	☐ Tingling
Eyes, Ears, Nose and Throat	☐ Blood in Sputum	☐ Frequent Urination	☐ Fainting
☐ Vision Impaired	☐ Night Sweats	☐ Difficulty Starting Urine Flow	**Psychiatric**
☐ Eye Pain	**Heart**	☐ Foamy Urine	☐ Depression
☐ Redness	☐ Chest Pain	☐ Involuntary Leakage of Fluid	☐ Insomnia
☐ Color Blindness	☐ Palpitations	☐ Waking to Urinate	☐ Anxiety
☐ Double Vision	☐ Pain/Cramping with Walking	**Muscle and Bone**	**Endocrine**
☐ Hearing Loss	☐ Breathlessness While Lying Down	☐ Back Pain	☐ Heat Intolerance
☐ Ear Pain	☐ Edema	☐ Neck Pain	☐ Cold Intolerance
☐ Sinus Problems	☐ Awaken due to Difficulty Breathing	☐ Joint Pain	☐ Excessive Thirst
☐ Sore Throat	**Gastrointestinal**	☐ Muscle Pain	☐ Excessive Urination
☐ Nose Bleeds	☐ Abdominal Pain	☐ Arm Weakness	**Hematology**
☐ Headache	☐ Nausea	☐ Leg Weakness	☐ Bleeding Gums
☐ Hoarseness	☐ Diarrhea	**Skin**	☐ Easy Bruising
☐ Ringing in the Ears	☐ Heartburn	☐ Rash	**Immune System/Allergy**
☐ Vertigo	☐ Vomiting	☐ Itching	☐ Seasonal Allergies
	☐ Constipation	☐ Scaling	☐ Hives
Briefly Explain			