

Mercer Renal Associates, P.A.

1345 Kuser Road, Suite 2, Hamilton, NJ 08619 - (609)585-1344

Past Medical History:

AFIB	<input type="radio"/>	Gout	<input type="radio"/>
Anemia	<input type="radio"/>	Hepatitis	<input type="radio"/>
Anxiety	<input type="radio"/>	High Cholesterol	<input type="radio"/>
Arthritis	<input type="radio"/>	High Blood Pressure	<input type="radio"/>
Cancer	<input type="radio"/>	Kidney Disease	<input type="radio"/>
Congestive Heart Failure	<input type="radio"/>	Neuropathy	<input type="radio"/>
COPD	<input type="radio"/>	Polycystic Kidney Disease	<input type="radio"/>
Coronary Artery Disease	<input type="radio"/>	Retinopathy	<input type="radio"/>
Deep Vein Thrombosis	<input type="radio"/>	Sleep Apnea	<input type="radio"/>
Depression	<input type="radio"/>	Stroke	<input type="radio"/>
Diabetes	<input type="radio"/>	Thyroid Disorder	<input type="radio"/>
GI Disorders	<input type="radio"/>	UTI	<input type="radio"/>
Other: _____			

Social History:

Do you smoke? _____ Packs per day _____ How many years? _____
If you have quit smoking, when did you quit? _____ How long did you smoke? _____
Do you drink alcohol? _____ How frequently? _____
Have you ever used illegal substances? _____ If yes, what kind? _____

Surgical History: please list any surgical procedures and the date of which they were performed, if known.

Family History:

<u>Family Member's Relation to You</u>	<u>Condition</u>	<u>Living/Deceased</u>
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