Iowa Kidney Physicians
1215 PLEASANT STREET, SUITE 100
DES MOINES, IA 50309-1409
TEL: 515-336-6557 • FAX: 515-461-2223

# NEW PATIENT INTAKE FORM

**PLEASE COMPLETE AND BRING WITH YOU TO YOUR APPOINTMENT**

Appointment Date: _____ Name: _____ DOB: _____ Sex: ☐ M ☐ F

Family Physician: _____

Pharmacy: _____

| Other Physicians | Reason | Date Last Seen |
|---|---|---|
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Allergies/Reactions: _____

**Please list your medications and include over the counter, herbal or alternative medicines.**

| Medications | Dose | How often | Ordering Doctor |
|---|---|---|---|
| *(example) Lasix* | *20mg* | *twice a day* | *Dr Helping* |
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**Vaccinations/Immunizations** **If Yes, what year?**

Pneumonia vaccine Yes No _____

Hepatitis B Yes No _____

Flu vaccine Yes No _____

Shingles Yes No _____

COVID vaccine Yes No _____

If Yes, Type (i.e. Pfizer or Moderna)_____

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| Past Surgical History | Date |
|---|---|
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## Review of Systems (Please check all **current** symptoms)

Cardiac
- ☐ Chest pain/heaviness
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Unable to breathe lying flat
- ☐ Palpitations

GI
- ☐ Diarrhea
- ☐ Constipation
- ☐ Abdominal pain
- ☐ Nausea
- ☐ Vomiting

GU
- ☐ Frequent urination
- ☐ Blood in urine
- ☐ Burning/pain with urination

HEENT
- ☐ Change in vision
- ☐ Decreased hearing
- ☐ Sinus problems

Hemo/Imm/Inf
- ☐ Fever or chills
- ☐ Swollen glands
- ☐ Bleeding problems
- ☐ Bruise easily

Musculoskeletal
- ☐ Joint pain/swelling
- ☐ Muscle pain/stiffness
- ☐ Increased weakness

Neuro/Psych
- ☐ Passing out
- ☐ Light headedness
- ☐ Numbness/tingling
- ☐ Headaches
- ☐ Confusion
- ☐ Depression
- ☐ Anxious/nervousness/irritability

Skin
- ☐ Rashes/itching
- ☐ Nonhealing sores/ulcers

Renal
- ☐ Difficulty concentrating
- ☐ Decreased urination
- ☐ Sleep disturbances
- ☐ Swelling arms/legs
- ☐ Bad taste in mouth
- ☐ Appetite decrease/increase
- ☐ Tired/fatigue
- ☐ Restless legs
- ☐ Sexual dysfunction
- ☐ Shortness of breath

Resp
- ☐ Cough
- ☐ Pain with breathing

- ☐ Other: (Please list)

_____
_____
_____
_____
_____

Any other information that you would like to share that you feel would be beneficial for us to know:

Concerns/questions I want to discuss with/ask my doctor today: