

North Jersey Nephrology Associates, P.A.

246 Hamburg Turnpike, Suite#207, Wayne, NJ 07470
 1117 Route 46 East, Suite# 205, Clifton, NJ 07013
 1031 McBride Ave, Suite# D209, Woodland Park, NJ 07424
 22-18 Broadway, Suite # 301, Fairlawn, NJ 07410
 Tel# 973-653-3366 & F# 973-653-3365

Manuel J. Moquete, M.D.
Harjinder S. Saini, M.D.
Diane C. Triolo, M.D.
Alicia R. Notkin, M.D.

Vincent Graziano, M.D.
Nazifa Banu, M.D.
Deepthi Karanam, M.D.
Purna B. Nandigam, M.D.

Ananth N. Prakash, M.D.
Pat F. Audia, M.D.
Sanjay R. Shah, M.D.
Chandra Chandran, M.D.

PATIENT NAME: _____ DOB: _____

Family History: PLEASE CIRCLE ANSWERS PERTAINING TO EACH DISEASE AND FILL IN TYPE UNDERNEATH

DISEASE:					
KIDNEY	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF KIDNEY DISEASE:					
DIABETES	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF DIABETES:					
HIGH BLOOD PRESSURE	NONE	FATHER	MOTHER	SIBLING	CHILD
ISCHEMIC HEART DISEASE	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF HEART DISEASE:					
CANCER	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF CANCER:					
STROKE	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF STROKE:					
GOUT	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF GOUT:					
AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE:	NONE	FATHER	MOTHER	SIBLING	CHILD
*TYPE OF ADKP:					
DEMENTIA	NONE	FATHER	MOTHE	SIBLING	CHILD
*TYPE OF DEMENTIA:					

Status:

FATHER:	LIVING	DECEASED: AGE:	CAUSE:	UNKNOWN
MOTHER:	LIVING	DECEASED: AGE:	CAUSE:	UNKNOWN

Tobacco Use: PLEASE CIRCLE ONE

CURRENT USER	FORMER USER	NEVER USED	UNKNOWN
--------------	-------------	------------	---------

TYPE: PLEASE CIRCLE

CIGARETTES	PIPES	CIGARS	CHEWING TOBACCO	SNUFF
------------	-------	--------	-----------------	-------

FORMER USER: YEAR STARTED: _____ YEAR ENDED: _____

IMMUNIZATION:

WHEN WAS THE LAST INFLUENZA VACCINE ADMINISTERED? DATE: _____ WHERE? _____
 WHEN WAS THE LAST PNEUMONNIA VACCINE ADMINSTERED? DATE: _____ WHERE? _____

