



ROBERT DAVIDSON, MD  
MARY DITTRICH, MD, FASN  
AARON FEARDAY, MD  
AMANDA HALL, DO  
CHRISTOPHER KELLER, MD  
MICHAEL MALLEA, MD  
JERRY MENG, MD  
ARNOLD SILVA, MD, PHD

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Dear Patient,

We are delighted to welcome you to our kidney and hypertension practice. We want you to know that we appreciate the opportunity to participate in your medical care. Our doctors and staff are focused on providing high quality personal care and we look forward to building a relationship.

Enclosed you will find both a medication list and a health history form. Having this completed as accurately as possible prior to your first appointment is important, but if you have any questions, please feel free to bring your prescriptions with you and our office staff can help you complete it. You can expect that your initial consultation will take approximately one hour and the doctor will need a urine sample from you during the appointment.

As a courtesy, our office staff will submit your claims to your insurance company. Please bring in your most current insurance card along with any applicable claim forms. We will verify coverage during your visit, so please be prepared to pay your co-payment at each appointment. If you do not have medical insurance, please notify a member of our billing staff and we can discuss payment options with you.

For your convenience, we have enclosed a map to the office location of your appointment. If you have any questions prior to your appointment, please call us at (208) 846-8335.

We look forward to meeting you.

Sincerely,

Boise Kidney & Hypertension Institute



# BOISE KIDNEY & HYPERTENSION INSTITUTE

Phone (208) 846-8335 Fax (208) 846-8336

## New Patient Information

Please fill out this information prior to your visit with the doctor. Thank you!

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please indicate if you have experienced any of the following:

### Pulmonary:

- Shortness of breath
- Frequent cough
- Coughing up blood
- Wake up at night, short of breath
- Wheezing

### Cardiac:

- High blood pressure
- Heart attack
- Leg swelling
- Shortness of breath w/ exercise
- Chest pain
- Heart racing or thumping
- Need to sleep on more than 2 pillows
- High cholesterol

### Musculoskeletal:

- Muscle weakness
- Joint pain
- Joint swelling

### Dermatological:

- Rash

### Neurological:

- Numbness or tingling
- Imbalance or unsteadiness
- Dizziness

### Gastrointestinal:

- Abdominal pain
- Nausea
- Vomiting
- Diarrhea

### Hematologic/Oncologic:

- Anemia
- Bleeding tendency
- Blood clot in legs or lungs

### Renal:

- Difficulty emptying bladder
- Blood in urine
- Protein in urine
- Urinary tract infections
- Kidney stones
- Frequent urination at night
- Painful urination

### Eyes, Ears, Nose, Throat:

- Blurred vision

### Endocrine:

- Diabetes Mellitus
- Type I
- Type II
- Controlled
- Uncontrolled

### Psychiatric:

- Anxiety
- Depression
- Poor sleep

### Constitutional:

- Fever
- Weight gain
- Weight loss
- Chills

### Other:

- \_\_\_\_\_
- \_\_\_\_\_



Current Medication List

Name of Medication	Dosage	How often do you take it?	Date Started	Prescribing Doctor
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

