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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: _____

