

SUFFOLK NEPHROLOGY CONSULTANTS, P.C.

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PATIENT KIDNEY STONE QUESTIONNAIRE

Patient's Name: _____ Date: _____

STONE HISTORY

1. Has a "stone analysis" ever been performed on stones you have passed? _____
If so, by whom? _____
2. Has a 24 hour urine collection ever been performed? _____
If so, by whom? _____
3. How many stones have you passed? _____
4. Have you had surgical procedures to remove the stones (i.e. lithotripsy)? _____
Please give dates. _____
5. Did you have pain with each stone? _____
Can you describe the nature and location of the pain? _____
Did you have pain when you urinated? _____
Did you see blood in the urine? _____
6. Do you have a family history of kidney stones?
If so, please state. _____

7. Do you have a history of frequent urinary tract infections? _____
If so, how many occurrences per year? _____

MEDICAL PROBLEMS

Have you ever been diagnosed with the following? (If so, please circle.)

1. Gout
2. Inflammatory bowel disease
3. Chronic diarrhea
4. Surgery which removed a portion of intestine
5. Sarcoid
6. Neck irradiation
7. Hyperparathyroidism
8. Blood disorders

Have you ever had any surgery? Please give dates _____

MEDICATIONS

Do you take any of the following medications? Please circle.

- 1. Triamterene
- 2. Lasix (Furosemide)
- 3. Bumex
- 4. Pancrease
- 5. Acetazolamide (Diamox)
- 6. Theophylline
- 7. Antacids
- 8. Vitamin A
- 9. Vitamin D
- 10. Vitamin C

Do you take any other medications? If so, please list _____

Do you have any allergies to medications? _____

DIETARY

Do you eat, and if so how frequently?: (Indicate Yes or No)

Chocolate	Y	N	_____
Coffee	Y	N	_____
Tea	Y	N	_____
Juices (What types?)	Y	N	_____
Spinach or other dark greens	Y	N	_____
Nuts	Y	N	_____
Soda (What types?)	Y	N	_____

Do you follow any salt restrictions? _____

Do you follow any fat restrictions? _____

Do you drink more than 8 glasses of fluid per day? _____

What type of fluids do you drink? _____

PERSONAL HISTORY

Do you smoke cigarettes? _____

Do you drink alcohol? _____

Do you exercise? If so, how often? _____

Thank you.