OCEAN RENAL
ASSOCIATES, P.A.

Name: _____

Please put a check mark next to those that apply.

FAMILY HISTORY

Kidney Disease

_____ None ___ Father ___ Sibling
___ Mother ___ Child

Diabetes

_____ None ___ Father ___ Sibling
___ Mother ___ Child

High Blood Pressure

_____ None ___ Father ___ Sibling
___ Mother ___ Child

Ischemic Heart Disease

_____ None ___ Father ___ Sibling
___ Mother ___ Child

Cancer

_____ None ___ Father ___ Sibling
___ Mother ___ Child

Stroke

_____ None ___ Father ___ Sibling
___ Mother ___ Child

Gout

_____ None ___ Father ___ Sibling
___ Mother ___ Child

ADPKD

_____ None ___ Father ___ Sibling
___ Mother ___ Child

Dementia

_____ None ___ Father ___ Sibling
___ Mother ___ Child