

Camilo G. Barcenas, MD FACP  
Whitson B. Etheridge, MD  
Eric J. Faust, MD  
Salman A. Khan, MD  
Robert B. Leggington, MD  
Bilal Moukaddem, MD  
Jennifer L. Finch, MD  
Aashish Pandya, MD  
Sibtain H. Ali, MD  
Debbie G. Kurian, MD



Henry Muniz, MD  
Sarah A. Shearer, MD  
Katherine Timmins, MD  
Jesse K. Uyeda, MD  
June Yao, MD  
Vijay Koka, MD  
Mohammed A. Ahmed, MD  
Billy R. Gilbert, MD  
Zahra Deen, MD  
Ameena Malhotra, MD

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

You are scheduled to see one of the kidney doctor's at Renal Specialists of Houston, P.A. . Please take a few moments to complete the following questions and bring with you to your first visit. You should plan to arrive a few minutes early in order to complete any additional administrative paperwork. **If you arrive more than 20 minutes after your scheduled appointment time, you will be rescheduled.**

**Why are you seeing a kidney doctor?** (As far as you know)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What medical conditions do you have?**

- High Blood Pressure: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long? \_\_\_\_\_

- Diabetes: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long? \_\_\_\_\_

- Heart Disease: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, How long? \_\_\_\_\_

**Any other medical conditions?**

**Please list any surgeries & approximate dates:**

**SURGERY**

**DATE**

Do you smoke?  Yes  No

If no, have you ever smoked?  Yes  No

If yes, how many per day? \_\_\_\_\_

Do you drink alcohol?  Yes  No

If yes, how often? \_\_\_\_\_

**What medications are you currently taking?(Please include non-prescription medications also)**

**Name of Medication**

**Dose**

**Frequency**

**List any allergies:**

**Pharmacy info:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Does anyone in your family have/had the following:**

- High Blood Pressure  Yes  No
- Diabetes  Yes  No
- Kidney Disease  Yes  No

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**Thank you in advance for completing this form.  
We look forward to seeing you at you're your scheduled appointment.**

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Humaira K. Chaudhary, MD

**Renal Specialists of Houston, P.A.  
renalspecialists.com**

**Brian S. Armentrout, PA-C**

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NAME:

AGE

DATE OF BIRTH:

SOCIAL SECURITY:

SEX:

MARTIAL STATUS:

E-MAIL:

HOME PHONE:

PAGER:

MOBILE:

ADDRESS:

CITY:

STATE:

ZIP:

EMPLOYER:

PHONE:

INSURANCE CO:

PHONE:

ID/ACCT #:

GROUP#:

INSURED:

SPOUSE'S NAME:

SOCIAL SECURITY:

DOB:

EMPLOYER:

PHONE:

NEAREST LIVING RELATIVE(not living with you):

PHONE:

RELATION TO PATIENT:

REFERRING DOCTOR:

PHONE:

PRIMARY CARE DOCTOR:

PHONE:

**PHYSICIAN AUTHORIZATION AND ASSIGNMENT**

I grant permission to Renal Specialists of Houston, PA to release any pertinent information to the above companies and/or government agencies. I also authorize payment of medical benefits to be paid directly to Renal Specialists of Houston, PA if

assignment of benefits is accepted for my medical/surgical services. A copy of this authorization can be used as an original for insurance purposes. I agree to be financially responsible for services fully or partially denied by my insurance company for reasons of: non-covered services under my plan benefits; experimental procedures; or procedures deemed not medically necessary by my insurance company.

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SIGNATURE OF PATIENT/GUARDIAN

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DATE