



KIDNEY STONE QUESTIONNAIRE

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First Name _____ Last Name _____ D.O.B _____
Marital status Married _____ single _____ Divorced _____ widow _____
Occupation _____ Email _____ @ _____
Phone Number _____

1. What are your symptoms?

2. How long has it been since you were first diagnosed?

- < 1 year
- 1-3 years
- 3-5 years
- 5-10 years
- >10 years

3. How was this diagnosed? (Check those that apply)

- Ultrasound
- X-Rays
- CT scan

4. Have you been told that you have diabetes, high blood, kidney stones before.

5. Have you ever had any of the following (Check if yes):

- Pain and discomfort in kidney area?
- Hospitalization due to sudden pain?
- You had nauseated feeling?
- Blood in the urine?
- Pain or burning during urination?
- Difficulty in emptying your bladder?
- Any fever or chills?
- Radiation to the abdomen or pelvis?
- Chemotherapy for cancer?
- Family history of kidney disease?
- Blood in the urine?
- Foamy urine?

6.If you answered yes to any of the above, please enter more details here:



Section 2: Medications

7.Do you use regularly pain or anti-inflammatory medicines or NSAIDS (i.e. Aleve, naproxen, ibuprofen, Motrin)?

- Yes
- No

8.If answered yes in the previous question, how often?

- Daily
- Weekly
- 3 times per week
- Monthly

9.Do you use herbal or Calcium supplements?

- Yes
- No

10.If yes, list them here please



Section 3: High Blood pressure

11. Do you have high blood pressure or take medicine for high blood pressure? Y / N (If no, skip to next section).

- Yes
- No

12. How long ago were you first diagnosed?

- 1 year
- 1-3 years
- 3-5 years
- 5-10 years
- >10 years

13. How long ago were you first diagnosed?

- 1 year
- 1-3 years
- 3-5 years
- 5-10 years
- >10 years

14. Do you check your blood pressure at home?

- Yes
- No

15. If yes, how often?

- Daily
- Weekly
- Several times a week
- Monthly

16. How often is your blood pressure greater than 140/90?

Most of the Time

Occasionally

Never

17. Do you add salt to your food?

No

Occasionally

Often

With each meal

18. Do you eat canned or processed food?

No

Occasionally

Few times a week

Every Day

19. If you exercise, how often?

Daily

3 Times per week

Once a week

Once a month

20. Do you snore?

Yes

No

21. If yes, are you sleepy during the daytime or take frequent naps?

Yes

No

22. Have you ever been hospitalized for high blood pressure?

Yes

No

23. Have you had a stroke?

Yes

No

24. Do you have heart failure

Yes

No

25. Have you had a heart attack?

Yes

No

26. Have you had a surgery for arteries supplying the legs?

Yes

No

Section 4 : Diabetes

27. Have you ever been told you have diabetes or prediabetes? Y / N (If no, skip to next section)

Yes

No

28. How long ago were you first diagnosed?

1 year

1-3 years

3-5 years

5-10 years

>10 years

29. Do you take or have you ever taken pills for diabetes?

Yes

No

30. Do you take or have you ever taken insulin?

Yes

No

31. How well have you blood sugars been controlled? Usually

<100

100-150

150-200

>200

I don't check them

32. Do you have eye disease from diabetes?

Yes

- No
33. Have you had laser treatment for your eyes?
- Yes
- No

34. Do you have numb feet?
- Yes
- No

Section 5: Anemia

35. Have you ever been told you were anemic, had a low blood or hemoglobin count? Y / N (If no, skip to next section).

- Yes
- No
36. How long ago were you first diagnosed?
- <1 year
- 1-3 years
- 3-5 years
- 5-10 years
- >10 years

37. Have you had to take medication to prevent anemia?

- Yes
- No

38. Have you had to take medication to prevent anemia?

- Folate or folic acid
- Iron
- B12
- Epogen or Aranesp
- None

39. Do you have any black stools?

- Yes
- No

40. Do you have any bright red blood in your stool?

Yes

No

41. Do you have any blood in your urine?

Yes

No

42. If female, do you still menstruate?

Yes

No

43. Do you have a family history of anemia?

Yes

No

44. Have you ever been diagnosed with the following:

Lymphoma

Leukemia

Vomiting blood

Stomach ulcers

Recurrent nosebleeds

Any other cancers

Section 6: Bone Disease

45. Have you ever been told you had osteoporosis, osteopenia, brittle, thin or weak bones? Y / N (If no, skip to the next section)

Yes

No

46. When were you told you had osteoporosis, osteopenia, brittle, thin or weak bones?

<1 year

1-3 years

3-5 years

5-10 years

>10 years

47. How was it diagnosed:

Bone Scan

Broken Bones

48. Do you take any medication or Supplements for your bones?

Yes

No

49. If yes, what type:

Calcium

Vitamin D

Calcium and Vitamin D Contribution

Bisphosphates

Section 6: Summary

50. If you answered yes to any of the above please enter any details you feel pertinent here.

51. Do you have any specific concerns regarding your kidney stones that you would like to have addressed today?