

Within the past 2 years, did a medical professional provide treatment or advice to you for any problems with your kidneys other than kidney stones?

Were you hospitalized as an inpatient (not including overnight Outpatient observation)

- within the past 90 days or
- 3 or more times within the past 2 years?

Are you confined to a bed, receiving home health care, or currently being treated or living in any type of nursing facility other than an assisted living facility?

Within the past 2 years, did you receive IV infusions or injections for Primary Immunodeficiency Syndrome?

Has a medical professional ever told you that you have End-Stage Renal (Kidney) Disease (ESRD) or that you may or will require dialysis?

Within the past 5 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:

- Leukemia, Lymphoma or Multiple Myeloma?

Within the past 3 years, were you diagnosed with, treated, given medical advice, or prescribed medications by a medical professional for:

- Cancer (other than Leukemia, Lymphoma, or Multiple Myeloma)
- Melanoma or Metastatic Merkel Cell (but not other skin cancers)?

Within the past year, did a medical professional tell you that you may need any of the following that **has NOT been completed**:

- Any surgery, biopsy, further evaluation, treatment, or diagnostic testing?

Are you awaiting any diagnostic test results?

Within the past 5 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- Pulmonary Heart Disease, Heart Failure, Ventricular Tachycardia, or a cardiac defibrillator
- Diabetes, but only if you have Neuropathy, Retinopathy, any kidney problems, proteinuria, or any circulation problems
- Liver Fibrosis or Cirrhosis, Liver Failure or Chronic Kidney Disease (CKD)
- Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)
- Alzheimer's Disease, Dementia, or Parkinson's Disease
- Any condition that resulted in, or will require a bone marrow, stem cell, or organ transplant

Within the past 2 years, did a medical professional tell you that you have or were you diagnosed with, treated, given medical advice, or prescribed medications for any of the following?

- Artery blockage, or had bypass surgery, stents, or balloon angioplasty
- Heart Attack, Cardiomyopathy, an Enlarged Heart, or Atrial Fibrillation
- Carotid Artery Disease, Stroke, Transient Ischemic Attack (TIA), or Mini-Stroke
- Peripheral Vascular Disease (PVD) or Amputation due to disease
- Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Cystic Fibrosis
- Any lung or respiratory disorder:
  - requiring the use of a nebulizer or oxygen,
  - on 3 or more medications, or
  - currently using tobacco products
- Hemophilia, Hepatitis (other than A) or Pancreatitis
- Osteoporosis, but only if you received injections or have had a fracture
- Spinal Stenosis, Quadriplegia, Paraplegia, or Hemiplegia
- Psoriatic Arthritis or Rheumatoid Arthritis
- Systemic Lupus Erythematosus (SLE) or Myasthenia Gravis
- Macular Degeneration, but only if you have the Wet form
- Bipolar Disorder or Schizophrenia
- Alcoholism or Drug Abuse

Within the past 2 years, did you receive any of the following:

- Skin grafts, or
- Blood transfusions, IV infusions or injections (not including vaccinations or B12 injections) for any of the following conditions?
  - Asthma • Connective tissue disorders • Autoimmune disorders • Eye disorders
  - Blood disorders • Genetic or Hereditary disorders • Cognitive impairment
  - Migraine headaches • Osteoarthritis

At any time within the past 12 months, have you smoked tobacco cigarettes or used any other tobacco product?

Please provide the name, phone number and specialty for all physicians seen in the last 24 months. "Primary care physician" can be used for an internist, general or family practitioner.