

## GLOMERULONEPHRITIS



CLIENT NAME: \_\_\_\_\_  
Submit the Client Information Questionnaire with this form

1. Please note type of Glomerulonephritis: \_\_\_\_\_

2. Please list date of first diagnosis: \_\_\_\_\_

3. Was a kidney biopsy done?

\_\_\_ Yes; please give date and diagnosis \_\_\_\_\_

\_\_\_ No  
\_\_\_

4. Is client on any medications? (accurate name, dosage, and reason)

5. Please provide the client's most recent readings for:

Blood pressure \_\_\_\_\_

BUN \_\_\_\_\_

Creatinine \_\_\_\_\_

Urinalysis \_\_\_\_\_

6. Does your client have any other major health problems? (if yes, please describe)