

## KIDNEY FUNCTION TESTS



CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. Please list diagnosis: \_\_\_\_\_

2. Please check if any of these conditions are present (complete questionnaire for each condition checked):

Diabetes  Polycystic kidney disease  
 Glomerulonephritis  Nephrosclerosis  
 Systemic lupus erythematosus  Other \_\_\_\_\_

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

4. Give most recent results of kidney function tests:

BUN \_\_\_\_\_  
 Serum creatinine \_\_\_\_\_  
 Urinalysis \_\_\_\_\_

5. Have any of the following occurred (check all that apply):

Frequent infection  
 High blood pressure  
 Cardiovascular disease (complete questionnaire for this condition)

6. Does your client have any other major health problems? (additional questionnaires may be required)