

Glomerulonephritis

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of Glomerulonephritis, please answer the following:

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 your client on any medications?
yes, please give most recent test results _____
no
5. Please provide the client's most recent readings for:
Blood Pressure _____
BUN _____
Creatinine _____
Urinalysis _____
6. Has your client smoked cigarettes in the last 12 months?
yes, please give details _____
no
7. Does your client have any other major health problems (ex: diabetes, lupus, etc.)?
yes, please give details _____
no