

# Polycystic Kidney Disease

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has Polycystic Kidney Disease, please answer the following:

1. Do any other family members have ADPKD?

yes, please list \_\_\_\_\_

no

2. Was ADPKD diagnosed by ultrasound?

yes

no

3. What are your current blood pressure readings? \_\_\_\_\_

4. Please provide the results, and date, of your most recent urinalysis.

- Protein \_\_\_\_\_

- Red blood cells (RBC) \_\_\_\_\_

- White blood cells (WBC) \_\_\_\_\_

- Protein/Creatinine ratio \_\_\_\_\_

5. Please provide the date and results of the most recent kidney function tests.

- BUN \_\_\_\_\_

- Serum Creatinine \_\_\_\_\_

6. Is your client on any current medication?

yes, please list \_\_\_\_\_

no

7. Has your client smoked cigarettes in the last 12 months?

yes

no

8. Does your client have any other major health problems?

yes, please give details \_\_\_\_\_

no