

POLYCYSTIC KIDNEY DISEASE Producer Name: _____

CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. Do any other family members have ADPKD?

___ Yes; please give details _____

___ 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 cell (RBC) _____

White blood cell (WBC) _____

Protein/creatinine ratio _____

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

BUN _____

Serum Creatinine _____

6. Is client on any current medication? (accurate name, dosage, and reason)

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

Please fax to 612-392-7644 or email to mvp@mvp-servicesolutions.com