

# KIDNEY FUNCTION TESTS

PRODUCER NAME: \_\_\_\_\_

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):

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Polycystic kidney disease |
| <input type="checkbox"/> Glomerulonephritis           | <input type="checkbox"/> Nephrosclerosis           |
| <input type="checkbox"/> Systemic lupus erythematosus | <input type="checkbox"/> Other _____               |

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

4. Give most recent results of kidney function tests:

- |   |       |
|---|-------|
| <input type="checkbox"/> BUN              | _____ |
| <input type="checkbox"/> Serum creatinine | _____ |
| <input type="checkbox"/> 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)

Please fax form to 612-392-7644 or email to [mvp@mvp-servicesolutions.com](mailto:mvp@mvp-servicesolutions.com)