



**CHRONIC KIDNEY DISEASE/
CHRONIC RENAL INSUFFICIENCY
QUESTIONNAIRE**

Client _____ Age/DOB _____

Gender: Male ☐ Female ☐

Height: _____ Weight: _____

Date first diagnosed? _____

Please provide results of blood testing over the last 1-2 years or attach copies:

Date: _____	BUN _____	Creatinine _____
Date: _____	BUN _____	Creatinine _____
Date: _____	BUN _____	Creatinine _____
Date: _____	BUN _____	Creatinine _____
Date: _____	BUN _____	Creatinine _____
Date: _____	BUN _____	Creatinine _____

Are there any abnormalities in your urinalysis? YES ☐ NO ☐

If yes, please provide dates & details or attach a copy of lab results: _____

Do you have a history of hypertension? YES ☐ NO ☐

If yes, please list recent blood pressure readings or average: _____

Do you have a history of Diabetes? YES ☐ NO ☐

If yes, date first diagnosed: _____ Type 1 or 2: _____

Control (A1c): _____

Do you have any history of edema or fluid overload? YES ☐ NO ☐

Do you have a history of CAD (coronary artery disease)? YES ☐ NO ☐

If yes, please complete a CAD questionnaire.

Do you have any other type of kidney or bladder disease (i.e. glomerulonephritis, polycystic kidney disease, IGA nephropathy, proteinuria, microalbuminuria, etc.)? YES ☐ NO ☐

If yes, please provide dates and details: _____

Have you ever been treated with kidney dialysis? YES ☐ NO ☐

If yes, please provide dates: _____

Have you ever had a kidney transplant? YES ☐ NO ☐

If yes, please complete a kidney transplant questionnaire.

Have you ever donated a kidney to another person? YES ☐ NO ☐

If yes, when: _____

Do you currently use any type of nicotine/tobacco products? YES ☐ NO ☐

If yes, check all types of tobacco used?

Cigarettes ☐ Cigars ☐ Chew ☐ Pipe ☐ Patch/gum ☐ Electronic ☐

If no, have you ever used nicotine/tobacco in the past? YES ☐ NO ☐

Type used & date quit: _____

Any other health impairments? _____

Please list all medications & dosages: _____
