



**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: _____

