# POLYCYSTIC KIDNEY DISEASE REGISTRY
# PATIENT REGISTRATION LOG

BCRenal
an agency of the Provincial Health Services Authority

Data entered by:_____ Nephrologist(s):_____

Date_____ Contact Number:_____ Email:_____

| Patient Name | DOB (DD/MM/YYYY) | PHN | Entry type (select one) | | Registration items performed (check all that apply) | | | Verification (BCPRA to complete) | | |
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| | | | New Entry | Additional Info | PROMIS Registration Completed | Clinic Dictation Faxed | Information Sheet Faxed | Registration | Extra Info | Total |
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**Please fax completed form to (604) 708-2109.**