BCRenal
Provincial Health Services Authority

Kidney Care Clinic: Clinic Visit Form for Patients with ADPKD

Rev: November 2019

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

Date of Birth (MM/DD/YYYY): _____

PHN: _____

Visit date: _____

BP sitting: _____ BP standing: _____ BP at home: _____ BP target: _____
Current weight: _____ Weight at previous clinic visit: _____

Tolvaptan: ☐ Yes ☐ No
If yes, date started: _____ Dose: _____

Current Symptoms and Recent Events:

- ☐ Thirst
- ☐ Nocturia
- ☐ Decreased appetite
- ☐ Fullness/early satiety
- ☐ Bloating
- ☐ Constipation
- ☐ Diarrhea
- ☐ Kidney/flank pain
- ☐ Hematuria
- ☐ UTI/Other kidney infection
- ☐ Kidney stones
- ☐ Nausea
- ☐ Vomiting
- ☐ None
- ☐ Headache
- ☐ Fatigue or weakness
- ☐ Dizziness
- ☐ Shortness of breath
- ☐ Sleep disturbance
- ☐ Other: _____

Nurse:

Dietitian:
Results of most recent 24-hour urine collection: Na: _____mmol/day
Calculated Protein Intake: _____gm/day

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Social Worker:

Pharmacist:

Physician:

Comments/plans: