

Chronic Kidney Disease Patient Care Checklist

A. Demographics

Name _____

Date of Birth _____

B. Vital Signs:

BP _____ Pulse _____

C. Labs

Date of Labs: _____

1. BMP

- Na+ _____
- K+ _____
- Cl- _____
- HCO3 _____
- BUN _____
- Cr _____
- Glucose _____

2. Fasting Lipid Panel

- LDL _____
- HDL _____
- Triglycerides _____

3. CBC

- WBC _____
- Hgb _____
- Hct _____
- Platelet Count _____

4. ACR

- Random Urine Microalbumin/
Creatinine Ratio _____

5. eGFR _____

6. HgBA1c _____

7. Urinalysis _____

D. Personal History

- Diabetes Mellitus
- Retinopathy
- Peripheral Neuropathy
- Strokes
- TIA's
- Coronary Artery or
Peripheral Artery Disease
- Surgeries

E. Family History of kidney disease, e.g., polycystic kidney disease, dialysis:

F. List of medications, including doses and frequencies.

Medication	Dose	Frequency

G. Problem List

Medical records attached