

Kidney and urinary disorders questionnaire - Physician

Full name:

Application number:

1. Please state the precise diagnosis.

2. When was this condition first diagnosed?

3. Has the patient been investigated with IVP, cystoscopy or similar? Yes No
If YES, please provide details including type, dates of investigations and results.

4. Were any blood tests carried out? Yes No
If YES, please advise which and detail any abnormal results. If any abnormal tests were subsequently repeated, please advise all results, including normal ones, in chronological order.

5. Please advise any blood pressure readings taken in the last two years.

6. How was the condition treated?
If surgery, advise type, date and result.

If medication, advise type, dosages and duration. If treatment is continuing please advise how long this is expected to be the case.

7. Is the patient now free of symptoms? Yes No
If YES, when were the last symptoms?

If NO, what symptoms do they still have and what is the prognosis?

8. Please advise dates and durations of any time off work due to the condition.

9. Please comment on any other relevant features which may influence the prognosis or risk of recurrence of the condition.

Signature

Date

Please print name and add clinic stamp