

BC GN Registry Patient Summary Sheet



Instructions for use:

Please fill out the comorbidities section on the following page and fax the form to the BC GN Registry at the number on the bottom of the form.

This form can be kept in your chart and used as a patient summary sheet with readily accessible information specific to patients with GN. The Biopsy History and Immunosuppression History sections can be filled out over time, and are for your own reference.

You do not need to send updated versions of the form to the BC GN Registry, it only needs to be sent once.



PATIENT INFORMATION LABEL

Name: _____
Address: _____
Phone: _____
Date of Birth (MM/DD/YYYY): _____
PHN: _____

Diagnosis: _____ **Date:** _____

Comorbidities:

Self-Reported Race

- Asian Filipino
- Asian Indian
- Asian Oriental
- Black
- Caucasian
- Inuit
- Latin American
- Middle East / Arabian
- Other / Multi-racial
- North American Indian
- Unknown

Cardiovascular

- Congestive heart failure _____
- Coronary artery disease _____
- Hypertension _____
- Peripheral vascular disease _____
- Pulmonary hypertension _____
- VTE (provide location) Location: _____

Neurologic

- Cerebrovascular disease _____
- Migraines _____
- Seizure _____

Endocrine

- Diabetes _____
- Dyslipidemia _____
- Thyroid disease (pick one) Hyper Hypo

GI

- Cirrhosis _____
- GERD _____
- Infectious hepatitis _____
- Inflammatory bowel disease _____
- NASH _____
- Peptic ulcer disease _____

Lifestyle Factors

- Alcohol abuse _____
- Drug abuse _____
- Smoker (pick one) Current Former

Malignancy

- Solid organ cancer Location: _____
- Hematologic cancer Type: _____
- Melanoma _____

Mental Health

- Anxiety _____
- Dementia _____
- Depression _____

Musculoskeletal

- Gout _____
- Osteoarthritis _____
- Osteoporosis _____

Pregnancy

- Preeclampsia _____
- Pregnancy currently _____
- Pregnancy previously _____

Respiratory

- Asthma _____
- COPD _____
- Sleep Apnea _____

Rheumatologic

- Lupus _____
- Rheumatoid arthritis _____
- Scleroderma _____
- Sjogren's syndrome _____

Other

▶ Please fax this form to the BC GN Registry at BC Renal (604) 806-8849

Biopsy History:

Date	Findings

Immunosuppression History:

Date	Drugs and dose	Disease response or reasons for discontinuation