Information at a Glance: Patients with ADPKD

(Addendum to KCC Kardex)

Rev: November 2019

PATIENT INFORMATION LABEL

Name:

_____

Address:

_____

Phone:

_____

Date of Birth (MM/DD/YYYY):

_____

PHN:

_____

Family History

Family history of ADPKD:	☐ Yes	☐ No	☐ Unknown
Family history of ESRD:	☐ Yes; if yes, age _____	☐ No	☐ Unknown

Affected relatives + age (dialysis/transplant):

Name	Relation	Age	Age at ESRD (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			

Children:

Birth year	If screened, age at screening	Positive or Negative?	Repeat screening needed?
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
4.			☐ Yes ☐ No

Relative with history of ICA, SAH or sudden death: ☐ Yes   ☐ No   ☐ Unknown

Other Information: _____

_____

_____

Kidney Imaging

Kidney Morphology
- ☐ Typical (diffuse, bilateral cystic involvement of the kidneys)
- ☐ Atypical (i.e., atypical morphology includes asymmetric, unilateral or segmental cystic involvement as well as atrophic kidneys with cystic involvement)

Height: _____ m

Scan Date	Age at scan	Scan type	Kidney dimensions	TKV (if CT or MRI)	Mayo Class	Cr and eGFR (closest to scan date)
			R: L:			Cr eGFR
			R: L:			Cr eGFR
			R: L:			Cr eGFR
			R: L:			Cr eGFR
			R: L:			Cr eGFR
			R: L:			Cr eGFR

Genetics

Referred? ☐ Yes (If yes, date: _____ Result: _____) ☐ No ☐ Unknown

Complications

Is there a family history of aneurysm?: ☐ Yes ☐ No ☐ Unknown

Status of aneurysm screening: ☐ Completed ☐ Pending ☐ Patient declined ☐ Not offered

If screened, results:

Date	Result	Scan type
1.		
2.		
3.		

Repeat scan required: ☐ Yes; Date _____ ☐ No

Other Complications

Kidney stones	☐ Yes ☐ No	Gross hematuria ☐ Yes ☐ No
UTIs	☐ Yes ☐ No	Other kidney infection ☐ Yes ☐ No
Unknown	☐ Yes ☐ No	
Liver cysts present	☐ Yes ☐ No	Comments: _____

Other complications: _____

Medication (Tolvaptan)

Candidate: ☐ Yes ☐ No If Yes: Prescribed? ☐ Yes ☐ No If No: Reason_____

Applied: _____ Approved: _____ Funding: _____

Start Date	Stop Date	Reason	Permanent or Temporary Discontinuation
1.			
2.			
3.			
4.			

Learning Needs (from needs assessment): _____

_____