

# National Kidney Foundation of Indiana

## INDIANA KIDNEY CHECK! ✓

**PLEASE PRINT:**

**SCREENING CITY**

**TODAY'S DATE**

\_\_\_\_\_

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE & PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

SEX (Check one)  Female  Male

**With which racial or ethnic group(s) do you identify?**

- American **NATIVE AMERICAN**
- Asian
- Black/African-American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Hispanic/Latino

**Do you have a doctor?**  Yes  No

**Do you have health insurance?**  Yes  No

**How did you hear about today's screening?**

- NKFI Website
- Community organization/Churches
- Printed Flyer
- Employer/School
- Family member/Friend
- Radio/TV/Newspaper
- Doctor
- Other \_\_\_\_\_

**Were you aware that there is a way to test your kidney function?**  Yes  No

**Would you prefer your follow-up materials in?**  English  Spanish

**Consent:** I confirm that I am 18 years of age and older, and that I have read the consent.



### RISK QUESTIONS:

**1. Are you currently on dialysis or have you received a new kidney?**  Yes  No

**2. Has a doctor ever informed you that you have any of these conditions? (In the last five years?)**

- High blood pressure or hypertension?  Yes  No
- High blood sugar or diabetes?  Yes  No
- High blood cholesterol?  Yes  No
- Heart disease, heart attack, or stroke?  Yes  No
- Chronic Kidney Disease?  Yes  No

**If yes, are you taking medications?**

- Yes  No
- Yes  No
- Yes  No
- Yes  No

**3. Do you have any family history of the above conditions?**

(Mother, Father, Sister, Brother, ~~Children~~)  Yes  No / if yes List: \_\_\_\_\_

**4. Tobacco History:**

- I have never smoked
- I currently smoke
- Quit smoking, less than two years ago
- Quit smoking, two or more years ago

Quitline: 1-800-784-8669



**1. Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ ' \_\_\_\_\_ "

**BMI** \_\_\_\_\_ Normal BMI: 19-24

**2. Blood Pressure #1** \_\_\_\_\_

**Second Reading (if elevated)** \_\_\_\_\_

Normal	<120/80
Pre-Hypertension	120/80-139/89
Hypertension Stage 1	140/90-159/99
Hypertension Stage 2	160/100+

**3. Fingerstick Glucose** **180/110 mg/dl**

(Normal Fasting: 70-99 mg/dl / Normal non-fasting: 70-140 mg/dl)

**Fasting?**  Yes  No

**4. Fingerstick eGFR Test**

Creatinine \_\_\_\_\_ eGFR \_\_\_\_\_

(Normal: 0.6 - 1.2) (Normal: 60 or more)

**5. Instant Urine Test** **Abnormal 30-300** **marked Increase**

Microalbumin \_\_\_\_\_ (if applicable)

Urine Test (Microalbumin)	Results	What You Can Do
Negative		Monitor at yearly checkups
Positive		Ask doctor to repeat the test in 3-6 months

NOTE Box for reviewer ↑

