

## Chronic Kidney Disease Status Report Worksheet

(eGFR 35 to 44)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Condition is asymptomatic and stable?	Y	N	
Any new conditions or complications that would affect renal function?	Y	N	
Patient has 2 functioning kidneys?	Y	N	
Any underlying conditions are well controlled?			
Diabetes	Y	N	NA
Hypertension	Y	N	NA
Glomerulonephritis	Y	N	NA
Chronic obstruction	Y	N	NA
Polycystic Kidney Disease	Y	N	NA
Dialysis or transplant is recommended or anticipated at this time?	Y	N	
eGFR is 35 or higher? (most recent value must be within the last 6 months)	Y	N	
eGFR value: _____			
Date: _____			
Albumin on urine dipstick is trace or negative	Y	N	NA
OR			
Albumin creatinine ratio (ACR) is 29 or less	Y	N	NA
Hemoglobin is at least 10 gm/dL (Hg value: _____)	Y	N	
AND			
Hematocrit is at least 30% (HCT value: _____)	Y	N	
Current treatment consists only of Hypertensive medication	Y	N	
If NO, what is current treatment? _____			

\_\_\_\_\_  
Treating Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

*Expert FAA Medical Assistance!*

Clinic Locations:

Wisconsin: 10520 W. Bluemound Rd, Suite 206  
Milwaukee, WI 53226  
Ohio: 7071 Corporate Way, Suite 105  
Centerville, OH 45459

Mailing Address:

1817 Highland Dr. #1135  
Grafton, WI 53024  
Tel: 414-419-3300  
Fax: 210-640-1938