

Retained Kidney Stone(s) Status Report Worksheet

Patient Name: _____ DOB: _____

Condition is asymptomatic?	Y	N
Stable (no increase in number or size of stones)?	Y	N
Condition is unlikely to cause a sudden incapacitating event?	Y	N

If surgery has been performed:

Patient is off pain medications?	Y	N
Patient has made a full recovery?	Y	N
Patient has a full release from the surgeon?	Y	N

Any history of complications? These include:

Chronic hydronephrosis	Y	N
Metabolic/underlying condition	Y	N
Renal failure or obstruction	Y	N
Sepsis	Y	N
Recurrent UTIs due to stones	Y	N
Three (3) or more procedures in the last 5 years?	Y	N

Is there an underlying cause for stone recurrence? Y N

If YES, what is the cause? _____

Current or recommended treatment: None or

Hydration Y N

Thiazide medication Y N

If YES, please list medication, dose, and frequency: _____

Allopurinol Y N

If YES, please list dose and frequency: _____

Potassium citrate Y N

If YES, please list dose and frequency: _____

Is the patient experiencing any medication side effects? Y N

If YES, please list side effects: _____

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