**Kidney Health Passport**  Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1 - About Me**

Age: Diagnosis of Chronic Kidney Disease

Gender: F M Other Decline to answer

**2 – My Body Mass**

Height cm **REFERENCE RANGE BMI**

Weight kg

Optimal: 18.5-24.9 mg/kg2

Overweight: 25-29.9 mg/kg2

At Risk: ≥ 30 mg/kg2

BMI kg/m2

**3 – My Blood Pressure**

Arm L R **TARGET**

mmHg Systolic: 120 - 140 mmHg

Diastolic: 80 - 90 mmHg

**4 – My Kidney Function (eGFR = estimated glomerular filtration rate)**

Serum Creatinine μmol/L

eGFR\* mL/min/1.73m2

*\*please note that an eGFR ≥ 60 mL/min/1.73m2 does not necessarily rule out the presence of kidney disease*

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60

45

30

≥ 90

< 15

**5 – My Current Medications (prescription, non-prescription,**

**supplement and natural health remedies)**

**6 – My Risk Factors**

* Diabetes
* High blood pressure
* Heart disease (history of heart attack, stroke)
* Family history of kidney disease
* Aboriginal, Asian, South Asian, African, Caribbean, Pacific Islander, Hispanic descent
* Current or recent (within the last 6 months) tobacco use
* BMI ≥ 30 kg/m2
* Use of medications that may potentially be harmful to the kidney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Past urine test positive for protein
* Physical Inactivity (< 30 minutes/day)
* Personal history of concerns involving the urinary system (e.g., kidney stones, kidney surgery, cancer of kidney or prostate gland)

**7 – My Plan**

* Physical Activity
* Dietary changes
* Reduce/quit tobacco use
* Other

**8 – Recommended Follow-Up**

* No follow-up necessary
* Follow up with family doctor or GP
* Follow up with pharmacist

**9 – Consulting Pharmacist**