

## PERSONAL HEALTH SCREENING FORM



*Are You At Risk?*

DATE:  
NAME:

*Below Are Risk Factors Associated With Kidney Disease*

*KNOW YOUR NUMBERS - Especially Those That Apply To You Or  
A First Line Blood Relative*

RISK FACTORS	DATE/TIME	RESULT
Diabetes		Blood Glucose
Blood Pressure		Systolic Diastolic
Height & Weight		BMI

### DIABETES

#### Warning Signs For Diabetes

Frequent Urination  
Constant Thirst  
Blurred Vision  
Weight Loss  
Increased Hunger  
Increased Unexplained Fatigue  
Skin Infections  
Wounds That Won't Heal

### HYPERTENSION

Normal Blood Pressure Is:

125 Systolic  
75 Diastolic

High Blood Pressure:

130 Systolic  
80 Diastolic

Please consult your physician,  
he/she may be able to prescribe  
medication and or diet and  
exercise regimes which may  
lower your blood pressure.

### KIDNEY DISEASE

#### Warning Signs For Kidney Disease

Frequent Urination  
Bloody or Cola Color Urine  
Puffy Eyes  
Swollen Hands & Feet  
Lower Back Pain  
Not associated with a pulled muscle  
Pain or Burning During Urination  
Hypertension

### BODY MASS INDEX (BMI)

Height

Weight

**BMI=**  $\frac{\text{Weight In Pounds}}{(\text{Height in Inches}) \times (\text{Height In Inches})} \times 703$

25.0 - 29.9	Overweight
30.0 & Above	Obese

*Please take this information to your next health check-up or doctor visit.  
These simple tests may show clues to other health concerns.*

*Kidney Foundation of Greater Cincinnati  
2200 Victory Parkway, suite 510  
Cincinnati, Ohio 5206  
513.961.8195 FAX 513.961.8120  
www.kidneycincinnati.org*

**BE PROACTIVE ABOUT YOUR HEALTH**