

Month _____ Major visit _____ **Nephrologist Major & Interim Note**

Patient Name _____ Doctor _____ Unit _____

Date _____ Major _____ Interim _____

Y	N	NA	Comments, recommendations, referrals		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Complaints		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adeq in target	Kt/V	URR
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hgb within target	Hct	Fe/IBC
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Access fx OK	AVF <input type="radio"/> AVG <input type="radio"/> Cath <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nutrition in range	Alb	K
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CalcificationOK	Glu	A1C
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiac in target	CaX P	Ca
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		bPTH	P
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiac in target	BP	Fluids
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Wt	Chol
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No change: Med or dialysis rx, phy exam		

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