

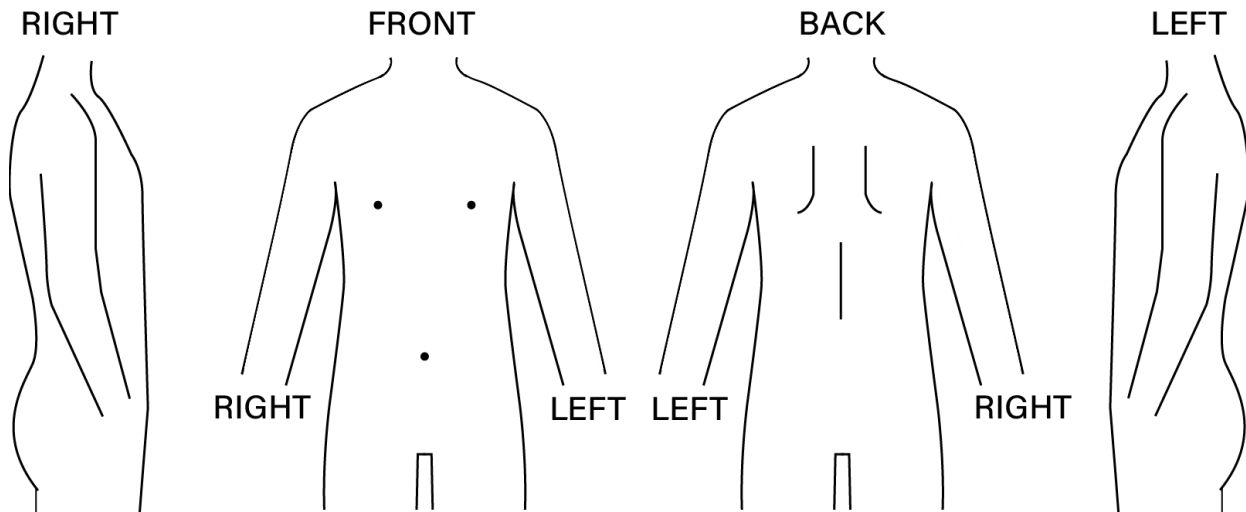
Name: _____

Date: _____

MRN: _____

PKD Patient Information Form

1) Show on the diagram where you feel hernia and any areas where you feel pain:



2) Are you taking Tolvaptan (Jynarque)? _____

If so, when did you start? _____ (MM/YY)

3) Have you done PKD genetic testing? _____

If so, circle results: PKD1 PKD2 Other _____

4) Please check the box if you have any of the following symptoms:

☐ Headache

☐ Leg swelling

☐ Heartburn, hoarseness, or cough that you were told might be related to acid reflux

☐ Blood in urine (hematuria)

5) How much fluid do you drink each day (circle one)?

2 cups

4 cups

6 cups

8 cups

more than 8 cups

(0.5 L)

(1 L)

(1.5 L)

(2 L)

(more than 2 L)