

C4 Complement Blood Test

Test Overview

Test Name: C4 Complement Blood Test

Purpose: This test measures the levels of C4 proteins in the blood, which are essential components of the immune system's complement system. It is used to diagnose and monitor certain medical conditions, including autoimmune disorders like lupus.

2. Patient Information

Patient Name: _____ Date of Birth: _____

Gender: _____ Phone Number: _____ Email: _____

Address: _____

Emergency Contact: _____

Primary Care Physician: _____

3. Medical History

Please provide information about your medical history:

- Do you have any known autoimmune disorders? (e.g., lupus, rheumatoid arthritis):
 - Yes
 - No
- Have you experienced rash, joint pain, hair loss, mouth ulcers, or extreme tiredness?
 - Yes
 - No
- Do you have a history of kidney disease or chronic hepatitis?
 - Yes
 - No
- Have you been previously diagnosed with any complement component deficiencies?
 - Yes
 - No

- Have you undergone treatment for an autoimmune disease? If yes, please specify:

Yes

No

- Have you recently had any infections or injuries?

Yes

No

- Do you have any other relevant medical conditions or concerns?

Yes

No

4. Medications

Please list all medications, herbs, vitamins, supplements, and illegal drugs you are currently taking. Include both prescription and over-the-counter (OTC) medications:

- Medication Name: _____
- Dosage: _____
- Frequency: _____
- Reason for Taking: _____

Repeat this section as needed to include all medications.

5. Findings

Laboratory Results: To be filled out by a healthcare professional

- C4 Complement Level (mg/dL or g/L): _____
- Other relevant findings: _____

6. Recommendations

Healthcare Provider Recommendations: To be filled out by a healthcare professional

- Diagnosis or assessment based on test results: _____
- Treatment recommendations, if applicable: _____

Additional tests or evaluations recommended: _____

7. Follow-up

Next Steps: To be filled out by a healthcare professional

- Follow-up appointment recommended:

Yes

No

- Date of next appointment: _____

- Additional instructions or comments: _____
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Note: This form is for informational purposes only and should be used in consultation with a qualified healthcare professional.