EGFR Blood Test

Patient's full name:	
Date of birth:	Age:
Gender:	
Female	
Non-binary	
Medical record #:	
Attending physician's full name:	

Patient's medical history:

Symptoms

Weakness	Fatigue	Nausea
	Shortness of breath	Frequent urination
Urine is foamy	Urine has blood	☐ Swelling
Muscle cramps	Muscle spasms	Itchy skin

EGFR Blood Test Results

EGFR Level: _____ mL/min/1.73m2

EGFR	Possible Kidney Condition
90+	Kidney damage, but the kidney is functioning normally
60 - 89	Kidney damage + mild loss of kidney function
45 - 59	Mild to moderate loss of kidney function
30 to 44	Moderate to severe loss of kidney function
15 to 29	Severe loss of kidney function
Below 15	Kidney failure

Comments

Your test results will be kept confidential.

Signed by: _____ (signature over printed name)

Date: _____