

Specialist Report for Kidney Failure Claim

Patient Information

Full Name

Identification No.

Date of Birth

Gender

Contact Number

Clinical Details

Date of First Consultation

Date Kidney Failure Diagnosed

Diagnosis

Underlying Cause

Is this end stage renal failure (irreversible chronic failure of both kidneys)?

Supporting Clinical/Lab Evidence

Treatment & Management

Current Treatment

Dialysis Started?

Date Dialysis Started

Has Kidney Transplant been performed?

Specialist Details

Specialist Name

Specialty

Hospital/Clinic

Contact Number

Date of Report

Signature