# Proteinuria Record – please fill in daily and bring to clinic appointments.

Name:
UR number:
DOB:

| Month: | | | Month: | | | Month: | | | Month: | | |
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| Date | Protein | Prednisolone* | Date | Protein | Prednisolone* | Date | Protein | Prednisolone* | Date | Protein | Prednisolone* |
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*Also enter weight when protein 3 or 4+