**NEPHROLOGY REFERRAL FORM**

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| **Patient Information** | | | | | **Referring Physician/Nurse Practitioner** | | |
| Name: | | | | | Name: | | |
| Address: | | | | | Address: | | |
| DOB (DD/MMM/YYYY): | | | | | Phone #: | | |
| PHN: | | | | | Fax#: | | |
| Phone #: | | | | | Date of Referral: | | |
| Physician/NP Signature: | | | | | | | |
| **REASON FOR REFERRAL/CLINICAL QUESTION (MANDATORY FIELD)** | | | | | | | |
| **INFORMATION USED TO TRIAGE REFERRALS (CHECK ALL THAT APPLY AND ATTACH RESULTS TO REFERRAL) SEE BACK OF FORM FOR CRITERIA** | | | | | | | |
| 󠆶 Rapidly declining eGFR by >20% over days to weeks. Confirmatory testing discussed with on call Nephrologist | | | | | | Hereditary Kidney Disease (e.g. Polycystic Kidney Disease | |
| eGFR <30mL/min/1.73m2 (X 2 results) | | | | | | Potassium or acid-based disorders | |
| eGFR 30-60 AND eGFR decline > 10mL/min/1.73m2 in 1 yr | | | | | | Pregnancy and CKD | |
| ACR>60 mg/mmol in non-diabetic (X2 results) | | | | | | Nephrolithiasis + CKD (after Urology evaluation) | |
| Suspected glomerulononephritis (hematuria+ACR>3 mg/mmol+eGFR decline) | | | | | | Persistent isolated hematuria ACR<3 mg/mmol+eGFR>60 ( X2 results)(after Urology evaluation) | |
| Previously followed by the Renal Clinic | | | | | |  | |
| Kidney Failure Risk >5% at 5 yrs: Use Kidney Failure Risk Equation (KFRE) to estimate risk. Go to <http://kidneyfailurerisk.com> or Smartphone APP QxMD/Nephrology/ChronicKidneyDisease | | | | | | | |
| Other | | | | | | | |
| **COMORBID CONDITIONS (CHECK ALL THAT APPLY)** | | | | | | | |
| Diabetes mellitus | | | Hypertension | CAD | | | CHF |
| Nephrolithiasis(Urology Stone Clinic Y/N) | | | Malignancy | Previous Stroke/TIA | | | Cognitive Impairment |
| Language Interpretation Services required | | | | Other | | | |
| **INCLUDE COPIES of ALL THE FOLLOWING RESULTS/INFORMATION** | | | | | | | |
| eGFR (X 2 results) | | Creatinine (X2 results) | | Urine ACR | | | Urinalysis & microscopy |
| Albumin | CBC | | | Medication List | | | Calcium (uncorrected) |
| Phosphorus | Total CO2(bicarbonate) | | | Consider ordering Renal Ultrasound: Check if ordered and please send report when available | | | |

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| **NEPHROLOGY CLINIC REFERRAL DOES NOT APPLY TO PATIENTS REQUIRING EMERGENCY CARE OR UROLOGICAL SERVICES** | | |
| **TRIAGE CATAGORIES** | **TRIAGE CRITERIA(NOT ALL INCLUSIVE)** | **REFERRAL PROCESS** |
| **EMERGENT** | * eGFR less than 10mL/min/1.73m2(new diagnosis) * Renal transplant emergencies * Peritoneal Dialysis emergencies * Drug over dose requiring emergency dialysis * Life threatening electrolyte and acid base abnormalities | 1. Immediate referral to nearest emergency department 2. Phone referral site and ask for Nephrologist on call 3. FAX referral after speaking with the Nephrologist |
| **URGENT: PRIORITY 1** | * eGFR <15mL/min/1.73m2 * Rapid decline in eGFR greater than 20% over days to weeks * Suspected rapidly progressive glomerulonephritis * ACR>220mg/mmol(or PCR >300mg/mmol or 24 hr proteinuria >3g/TV) in non-diabetic * Pregnancy and CKD (urgent) | 1. If patient in shock refer to emergency department 2. Rule out urinary tract obstruction, after excluding shock and GU obstruction 3. Phone referral site and ask for the nephrologist on call 4. FAX referral after speaking with nephrologist |
| **SEMI-URGENT: PRIORITY 2** | * Sub-acute renal dysfunction-decline in eGFR greater than 20% over weeks to months * Pregnancy and CKD (semi-urgent) | 1. Rule out urinary tract obstruction 2. FAX referral |
| **Elective:**  **Priority 3** | * eGFR less than 30 * eGFR decline over months(eGFR 30-60 AND eGFR decline > 10mL/min/1.73m2 in 1 yr) (or 20%) * ACR >60mg/mmol in non-diabetic(PCR >100mg/mmol or 24 hr proteinuria >1g/TV) | 1. Rule out obstruction if history of nephrolithiasis, BPH,GU strictures, gross hematuria, malignancy, radiation, GU anatomic abnormalities or other risk factors for symptoms of urinary tract obstruction 2. Fax referral |
| **Elective:**  **Priority 4** | * eGFR 30-60 with slow decline over years * ACR>30mg/mmol in non-diabetic, age <70 (PCR>50mg/mmol or 24 proteinuria>500mg/TV) | 1. Fax referral |
| **Elective:**  **Priority 5** | * Minor abnormalities in blood, urine or radiological tests | 1. Fax referral |

