OV_Temp Macro!

WOODSTOCK HOSPITAL
Woodstock, ON

NEPHROLOGY REFERRAL

Name (Last, First): _____
DOB: _____ ☐ M ☐ F
MMM DD YYYY PIN: _____
Address: _____
Phone Number (Home): _____
(Other): _____
Health Card Number: _____
Version Code: ____

Date of referral (mmm,dd,yyyy): _____

Reason for referral: _____

Name of referring physician: _____ **Phone number:** _____

Billing code referring physician: _____ **Fax number:** _____

☐ Estimated glomerular filtration rate (eGFR) less than 60 mL/min/1,73m^2 on 2 occasions, at least 3 months apart

☐ Rapid deterioration in kidney function: decline in eGFR of greater than 5 within 6 months in absence of self–limited illness; eGFR should be repeated in 2–4 weeks to confirm persistent decline

☐ Proteinuria: urine albumin to creatinine ratio (ACR) persistently greater than 30 mg/mmol (2–3 samples over 2–4 weeks)

☐ 5–year Kidney Failure Risk greater than or equal to 3% (https://kidneyfailurerisk.com)

☐ Resistant or suspected secondary hypertension

☐ Suspected glomerulonephritis, including RBC casts or hematuria (greater than 5 RBC/high power field)

☐ Metabolic work–up and medical management for renal stones

☐ Clinically significant and persistent electrolyte disorder

☐ Suspected hereditary kidney disease (eg polycystic kidney disease)

☐ Assistance with medication management after acute kidney injury

☐ Assistance with management of diabetes in chronic kidney disease (CKD)

☐ Assistance with management of cardiorenal medications

☐ Other:

_____

_____

Co–morbid Conditions:

☐ Diabetes mellitus ☐ Peripheral vascular disease

☐ Coronary artery disease ☐ Stroke

☐ Hypertension ☐ Cognitive impairment

☐ Connective tissue disease (eg systemic lupus erythematosus (SLE), rheumatoid arthritis, vasculitis), please specify:

_____

_____

Please attach:

☐ Past medical history ☐ List of medications ☐ Allergies ☐ Surgical history ☐ Family history

☐ Recent lab work including at least:

☐ Serum creatinine/eGFR trend (at least 2 values) ☐ Urinalysis

☐ Electrolytes ☐ Urine albumin/creatinine ratio

☐ CBC ☐ Kidney/pelvis ultrasound

****Please fax <u>completed</u> referral to Central Bookings at 519–286–9036****