



WOODSTOCK HOSPITAL
Woodstock, ON

NEPHROLOGY REFERRAL

PIN NUMBER

VISIT NUMBER

PATIENT LAST NAME

PATIENT 1ST NAME

PATIENT MIDDLE NAME

TELEPHONE

DOB MMM DD YYYY

AGE

SEX

ONT HEALTH CARD NUMBER

FAMILY PHYSICIAN

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/1,73m² 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