

WOODSTOCK HOSPITAL Woodstock, ON

PIN NUMBER

VISIT NUMBER

PATIENT LAST NAME

PATIENT 1ST NAME

PATIENT MIDDLE NAME

NEPHROLOGY REFERRAL

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 m	L/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 								
			\square 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 vas	cular disease						
☐ Coronary artery disease	☐ Stroke							
☐ Hypertension	·							
Connective tissue disease (eg syste	emic lupus erythemato	sus (SLE), rheumatoid arthritis, vasculitis), please specify:						
Diagon ettack:								
Please attach:	diantiana Allargiaa	Curainal history						
□ Past medical history □ List of med	dications Allergies	☐ Surgical history ☐ Family history						
☐Recent lab work including at least:	t looot 2 volues)	- Livinghaia						
☐ Serum creatinine/eGFR trend (a	ı ieası ∠ values)	☐ Urinalysis						
☐ Electrolytes		☐ Urine albumin/creatinine ratio						
☐ CBC	completed referrel to	☐ Kidney/pelvis ultrasound Central Rockings at 519, 421, 4238**						
Please fax <u>completed</u> referral to Central Bookings at 519–421–4238								