Save this form to your computer before entering data. Also, to comply with the Health Insurance Portability and Accountability Act of 2002, please protect the personal health information contained in the completed form.

Nephrology Referral Form

NAME **DATE OF BIRTH** **FACILITY/PRACTICE AND RECORD NUMBER**

REASON FOR REFERRAL

FOR DIABETICS YEAR OF DIAGNOSIS RECENT A1C MONTH/YEAR

COMPLICATIONS RETINOPATHY: ☐ BDR ☐ PDR ☐ NOT PRESENT ☐ NO DILATED EXAM

☐ NEUROPATHY ☐ PVD OTHER

ALBUMINURIA ☐ NOT PRESENT ☐ IF PRESENT, SINCE MONTH/YEAR

MOST RECENT UACR

HEMATURIA ☐ NOT PRESENT ☐ IF PRESENT, SINCE MONTH/YEAR

URINE SEDIMENT

eGFR MOST RECENT

	Cr	eGFR	MONTH/YEAR

calculate eGFR

BLOOD PRESSURE AT LAST VISIT USUAL RANGE IF HTN, YEAR OF DIAGNOSIS

ADDITIONAL EVALUATION ANA RF C3 C4 HBsAg AntiHCV

SPEP UPEP RENAL U/S

OTHER

FAMILY HISTORY KIDNEY DISEASE ☐ NO ☐ YES IF YES, HOW RELATED

OTHER CONDITION(S) AND HOW RELATED

CURRENT MEDICATIONS *(or attach list)*

KNOWLEDGE

DOES THE PATIENT KNOW HE/SHE HAS KIDNEY DISEASE?	☐ YES	☐ NO	☐ DON'T KNOW
DOES THE PATIENT KNOW THE SEVERITY?	☐ YES	☐ NO	☐ DON'T KNOW
DOES THE PATIENT KNOW THAT HE/SHE MAY NEED DIALYSIS?	☐ YES	☐ NO	☐ DON'T KNOW

ADDITIONAL INFORMATION

REFERRED BY _____ **DATE** _____

EMAIL _____ **PHONE** _____

This form is available online at www.niddk.nih.gov//health-information/professionals/clinical-tools-patient-management/kidney-disease/identify-manage-patients/manage-ckd/collaborate-nephrologist. • October 2010

NIH National Institute of Diabetes and Digestive and Kidney Diseases

Rationale for Data Inclusion

The following information explains why it is important to include data for various sections of the Nephrology Referral Form.

FOR DIABETICS: Presence or absence of diabetes is critical to establishing an etiology for kidney disease and risk for progression. Duration of diabetes is useful for determining the likelihood that the patient's chronic kidney disease (CKD) is caused by diabetes.

COMPLICATIONS: Non-kidney complications can help determine whether CKD is a diabetes complication or comorbidity. In patients with diabetes and CKD who have proteinuria and retinopathy, diabetes is the likely cause of CKD. The absence of retinopathy or other complications increases the likelihood of a non-diabetic etiology and may indicate the need for a biopsy.

ALBUMINURIA: A very important prognostic marker in patients with CKD. The duration and quantity of albuminuria are critical to assessing the patient's current status and prognosis. Use mg albumin/g creatinine.

HEMATURIA AND URINE SEDIMENT: May indicate the presence of an inflammatory process.

eGFR: The rate of decline in kidney function varies among patients, but CKD tends to progress at a constant rate in most individuals. Thus, the availability of serial measurements of eGFR over a long period of time provides information that can be used to educate the patient about his/her prognosis. A decrease in the rate of decline of eGFR may reflect response to therapy.

BLOOD PRESSURE: High blood pressure, along with proteinuria and rate of loss of kidney function, is an important prognostic indicator. Control of hypertension is also a key opportunity to reduce the rate of progression of CKD.

ADDITIONAL EVALUATION: The tests listed on the form are frequently ordered by nephrologists. Although additional tests may be ordered, access to these results will help the nephrologist have a more informed discussion with the patient. Discuss with the consultant which tests should be ordered in advance, considering your patient's current status.

FAMILY HISTORY: A number of kidney diseases are inherited. Clinical course and risk for progression may also be familial.

For more information on CKD, go to *www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd*.