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.

CKD Diet Counseling (Medical Nutrition Therapy) Referral Form

NAME Millie Jones

DATE OF BIRTH 04 | 14 | 1938

MEDICAL RECORD # (IF APPLICABLE) 98765

REASON FOR REFERRAL *Medical nutrition therapy for chronic kidney disease. Specific concerns or questions:*

Dyslipidemia, discontinued statin last September due to muscles aches. Starting ezetimibe 10 milligrams(mg).

CKD DIAGNOSTIC CODE N 18.4 **OTHER DIAGNOSTIC CODE(S)** E11.9

BLOOD PRESSURE 130/80 **WEIGHT** 125 # **HEIGHT** 60 "

RECENT WEIGHT CHANGE? ☐ YES ☑ NO _____ **AMOUNT** ☐ GAIN ☐ LOSS

FOR DIABETICS **YEAR OF DIAGNOSIS** 1987 **A1C** 6.7 **MONTH/YEAR** 02 | 2017

LABORATORY ASSESSMENT *(most recent values)*

ALBUMINURIA ☑ NOT PRESENT ☐ IF PRESENT, SINCE **MONTH/YEAR** _____

UACR *(Urine Albumin-to-Creatinine Ratio)* 18.7 **MONTH/YEAR** 02 | 2017

CREATININE 2.1 **eGFR** *(Estimated Glomerular Filtration Rate)* 23 **MONTH/YEAR** 02 | 2017

calculate eGFR

K	HCO3	BUN	Ca	Phos	Hgb
4.0	26.4	32	9.2	4.0	12.1

LDL	HDL	TG	iPTH	Vit D	Alb
185	39	176	165	72	4.0

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
	IS THE PATIENT AWARE THAT HE/SHE MAY NEED DIALYSIS?	☑ YES	☐ NO	☐ DON'T KNOW
	PREVIOUS DIET COUNSELING FOR CKD?	☑ YES	☐ NO	☐ DON'T KNOW

ADDITIONAL INFORMATION

Diet controlled type 2 diabetes. Treated for urinary tract infection last August, labs back to baseline. Sees nephrologist every 3 months.

ORDER:
- ☑ Initial MNT and follow-up
- ☐ Extension with medical justification
  - ☐ Diagnosis change
  - ☐ Change in medical condition
- ☐ Annual renewal

REFERRED BY _____ **NPI #** _____

SIGNATURE _____ **DATE** _____

PHONE _____ **FAX** _____ **EMAIL** _____

For more information about why these data are important to share with registered dietitians, see Rationale for Data Inclusion on the following page or go to *www.nkdep.nih.gov/mnt-referral.* • March 2012

NKDEP
National Kidney Disease Education Program

Rationale for Data Inclusion

The following information explains why it is important to include data for various sections of the CKD Diet Counseling Referral Form (*www.nkdep.nih.gov/resources/ckd-diet-referral-form-508.pdf*)

BLOOD PRESSURE	Uncontrolled blood pressure is associated with more rapid progression. Control of hypertension is also a key opportunity to slow the rate of progression of chronic kidney disease (CKD).
RECENT WEIGHT CHANGE	Trend in weight status is critical for assessing inadequate intake (loss) or fluid retention (gain).
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 CKD is caused by diabetes.
ALBUMINURIA	The presence and quantity of albuminuria may be used to assess kidney damage. High levels of albuminuria are associated with more rapid progression of CKD and loss of renal function.
URINE ALBUMIN-TO-CREATININE RATIO (UACR)	Persistently elevated levels of urine albumin are used to identify and quantify kidney damage. High UACR levels are associated with more rapid progression to kidney failure. Generally reported as milligrams albumin/ grams creatinine, monitoring trends in UACR may be useful when educating patients about self-management efforts and prognosis.
ESTIMATED GLOMERULAR FILTRATION RATE (eGFR)	eGFR is used to assess kidney function. The rate of eGFR decline varies by etiology and among individuals with the same etiology. A decrease in the rate of decline of eGFR may reflect response to therapy. Monitoring trends in eGFR may be useful when educating patients about self-management efforts and prognosis.
SERUM POTASSIUM (K)	Presence or absence of hyperkalemia is useful when determining potassium prescription. Potassium restriction is not indicated in the absence of hyperkalemia.
SERUM BICARBONATE (HCO3)	A low level, defined as < 22 milliequivalents per liter, may indicate metabolic acidosis in CKD and may reflect reduced acid excretion and reduced base production by the kidneys.
BLOOD UREA NITROGEN (BUN)	Increasing blood urea nitrogen levels may indicate reduced clearance of nitrogenous waste.
SERUM CALCIUM (Ca)	Calcium levels are used to assess and monitor abnormal mineral metabolism and bone disorders in CKD. Vitamin D supplements may be prescribed for hypocalcemia. Use of vitamin D may increase the risk for hypercalcemia.
SERUM PHOSPHORUS (Phos)	Phosphorus levels are used to assess and monitor abnormal mineral metabolism and bone disorders in CKD. Use of vitamin D may increase the risk for hyperphosphatemia.
HEMOGLOBIN (Hgb)	Patients with CKD are at risk for anemia due to reduced levels of erythropoietin, a hormone produced by the kidneys. Iron studies may be indicated prior to iron supplementation or use of erythropoiesis-stimulating agents.
LOW DENSITY LIPOPROTEIN (LDL)	LDL levels are used to assess and monitor dyslipidemia in CKD.
HIGH DENSITY LIPOPROTEIN (HDL)	HDL levels are used to assess and monitor dyslipidemia in CKD.
TRIGLYCERIDES (TG)	Triglyceride levels are used to assess and monitor dyslipidemia in CKD.
INTACT PARATHRYOID HORMONE (iPTH)	iPTH is used to assess and monitor abnormal mineral metabolism and bone disorders in CKD. Levels may be reduced with vitamin D supplementation.
VITAMIN D (25-hydroxy vitamin D)	Patients with CKD are at risk for hypovitaminosis D due to reduced levels of 25-OH Vit D as well as decreased 1-OH activation in the kidneys.
SERUM ALBUMIN (Alb)	Albumin may be useful to assess and monitor nutritional status in CKD. Hypoalbuminemia is associated with inflammation and poor prognosis in CKD.
CURRENT MEDICATIONS	Medication lists are crucial to assess for medication-nutrient interactions and patient self-management education.

The National Kidney Disease Education Program (NKDEP) is an initiative of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health. For more information on CKD, go to *www.nkdep.nih.gov* .