

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

	Cr	eGFR	MONTH/YEAR
MOST RECENT	_____	_____	_____ _____ _____
	_____	_____	_____ _____ _____
	_____	_____	_____ _____ _____

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 _____



Rationale for Data Inclusion

The following information explains why it is important to include data for various sections of the Nephrology Referral Form (www.nkdep.nih.gov/professionals/nephrologyreferralform).

- 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.