Date: ...../...../20...

Western Health Renal Referral Form

Referral of patients with CKD to a specialist renal service or nephrologist is recommended in the following situations (tick all that apply):

- ☐ stage 4 and 5 CKD of any cause (eGFR <30mL/min/1.73m^2)
- ☐ persistent significant albuminuria (ACR ≥30 mg/mmol)
- ☐ a sustained decrease in eGFR of ≥ 25% OR ≥ 15mL/min/1.73m^2 within 12 months
- ☐ CKD and hypertension that is hard to get to target despite at least 3 anti-hypertensive agents

Referral checklist

- ☐ current blood chemistry and haematology
- ☐ urine ACR and urine microscopy for red cell morphology and casts
- ☐ current and historical blood pressure
- ☐ urinary tract ultrasound

Any patient with rapidly declining eGFR and/or signs of acute nephritis (oliguria, haematuria, acute hypertension +/- oedema) should be referred without delay.

Urgent referrals and advice should be made by contacting the on call renal registrar by telephone. (03) 8345 6666

Special needs ☐ Mobility **Interpreter required:** ☐ No ☐ Yes

☐ Other If yes, specify:

Patient name: ..... **Date of birth:** .....

Address: ..... **Medicare number:** .....

Contact details: **(Home)** **(Work)** **(Mobile)**

Reason(s) for referral (tick all that apply)

☐ Abnormal kidney function **Creatinine _____ µmol/L eGFR _____ mL/min/1.73m^2**

*** Please attach past and current UECs, urinalysis and recent urinary tract ultrasound**

- ☐ acute kidney injury (unexpected decline in kidney function)
- ☐ chronic kidney disease

☐ Urinary abnormalities

*Present on at least 2 occasions in the absence of other confounding factors such as UTI or menstruation

***Please include current UECs, results of urinary tests and recent urinary tract ultrasound**

- ☐ proteinuria **Urine ACR _____ mg/mmol**
  Other method / result _____
- ☐ haematuria

☐ Difficult to control hypertension

☐ Other (specify) _____

Past medical history

CKD Risk factors

- ☐ Hypertension ☐ Diabetes ☐ Obesity
- ☐ Age > 60yrs ☐ Smoking
- ☐ Cardiovascular disease
- ☐ Family history of kidney failure
- ☐ Aboriginal or Torres Strait Islander origin
- ☐ History of acute kidney injury

Other History cont.

Current medications

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Please attach any other relevant information.

Please provide any further relevant information.

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Referral details

Name: .....
Address: .....
Tel: ..... Fax: .....
Duration of referral:
Signature: .....
Provider