

OSMH Outpatient Nephrology Referral Form

****Non-urgent referrals only. Call the on-call nephrologist for urgent referrals****

Please circle one option: Next available Dr. Bau Dr. Lam Dr. Tascona Dr. Vimalendran
Pt demographics:

Please indicate the reason for referral below:

- eGFR <30 on 2 occasions, at least 3 months apart
- Rapid deterioration in kidney function in absence of self-limited illness or new medication, with confirmatory eGFR in 2-4 weeks showing persistent decline
- Urine ACR > 60 on at least 2 of 3 occasions
- 5-year KFRE >5%
- Resistant or suspected secondary hypertension, with pt maximized on at least 3 BP meds
- Suspected GN/renal vasculitis, including RBC casts or hematuria (>20 RBC/hpf)
- Metabolic work-up for recurrent nephrolithiasis
- Clinically important electrolyte disorder (ensure that a diuretic is not the cause first)
- Other (please specify, also consider a nephrology eConsult at econsultontario.ca if indication not listed above):

Additional Context:

The following are essential for triaging, please ensure you have included them with your referral:

- Past Medical History
- Med list
- Graphs/lists of historical creatinine AND urine ACRs (2 years or longer if possible)
- Recent labs (<3 months):
 - Creatinine, BUN, electrolytes, urine ACR
 - Ca, PO4, Mg, albumin
 - CBC
 - Urinalysis with microscopy
 - HbA1c if history of DM
- BP measurements/graph (including ambulatory 24h BP monitoring if available)
- Renal imaging - recent and historical for comparison if available
 - If there is no recent imaging then please check this box that you have ordered a Renal U/S with pre and post-void
- Applicable notes: eg d/c summary, specialist notes (urology/cardiology/prior nephrologist etc)

Referring Health Care Provider:

Billing #:

Signature:

Date: