

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:

Fax number:

Billing #:

Phone:

Signature:

Date: