OSMH Nephrology Office
Phone: 705-327-9156
Fax: 705-325-4829

OSMH Outpatient Nephrology Referral Form

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

Circle one: **Pt Demographics:**

Next available: Dr. Bau Dr. Lam Dr. Tascona Dr. Vimalendran Dr. Zhang

Reason For Referral:

- □ 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):

Provide Context (e.g. are they well, any new meds or illnesses coinciding with change, BPs):

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_____

*****Referrals must include recent creatinine *AND* urine ACR or they will be returned as incomplete*****

Creatinine: urine ACR: on date: 2-year KFRE: (Office Use)

Please also include the following. *Incomplete packages will delay triaging and may be sent back.*

- □ Past Medical History and Med List
- □ Historical creatinine AND urine ACRs (2 years or longer if possible, can send as graph)
- □ 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, or:
  - □ I have ordered a Renal U/S with pre and post-void
- □ Applicable notes: e.g. d/c summary, specialist notes (urology/cardiology/prior nephrologist etc.)

Contact Phone: **Contact Fax:**

Referring Health Care Provider: Date: