

St George Public Hospital Kidney Supportive Care Clinic Referral Form

Dear Dr Kelly Li and Dr Brennan,

DATE OF REFERRAL:

Referral by:	Doctor Name:
	Provider Number
	Contact phone number:
PATIENT'S NAME (indicate if interpreter is required)	Interpreter - Language required
Patient's preferred Contact Number	
Patient's current NEPHROLOGIST	
Renal Diagnosis	
REASON FOR REFERRAL (please note any particular symptom/issue you specifically want addressed)	
Patient has an Advanced Care Plan or Directive	YES <input type="checkbox"/> please provide a copy, NO <input type="checkbox"/>
SMOKER WITHIN 5 YEARS	YES <input type="checkbox"/> NO <input type="checkbox"/>
CORONARY ARTERY DISEASE	YES <input type="checkbox"/> NO <input type="checkbox"/>
LUNG DISEASE	YES <input type="checkbox"/> NO <input type="checkbox"/>
CEREBRAL VASCULAR DISEASE	YES <input type="checkbox"/> NO <input type="checkbox"/> Comments:
DIABETES	YES <input type="checkbox"/> Type _____ NO <input type="checkbox"/>
Peripheral Vascular Disease	YES <input type="checkbox"/> NO <input type="checkbox"/>
LEFT VENTRICULAR DYSFUNCTION	YES <input type="checkbox"/> NO <input type="checkbox"/>
Social work review required	YES <input type="checkbox"/> Comment:
Dietitian Intervention required	YES <input type="checkbox"/> Comment:

Include a GP summary and a copy of latest blood results please

Clinic runs from 4 West, St George Public Hospital on Tuesday afternoons, or Friday afternoons at The Sutherland Hospital Outpatient Department. **Please use eReferrals**
 If you have questions about the referral process, please call 91132622.
 The KSC contact email is SESLHD-STG-KSCCNC@health.nsw.gov.au