



**Department of Renal Medicine
St George Hospital
Renal Medicine Clinic Referral Form**

In order to appropriately prioritise referrals and provide timely access to a renal physician, **please complete the following form and attach with all requested info and any other relevant results and reports.** Urgent referrals and advice should be made by contacting the relevant renal physician or registrar directly, by telephone.

Nephrologists

Professor Mark Brown
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Fax: 02 9553 8192

A/Prof John Kelly
Tel: 02 9113 2290
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Dr Kelly Li
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Dr Cathie Lane
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Dr Partha Shanmugasundaram
Tel: 02 9540 8660
Fax: 02 9540 8666

Dr Frank Brennan
Renal Supportive Care
Specialist
Tel: 02 9113 2290
Fax: 02 9553 8192

**CLINICAL NURSE
CONSULTANTS**

**Chronic Kidney
Disease**
Kylie Turner
T: 02 9113 3634
F: 02 9113 1786

Renal Supportive Care
Elizabeth Josland
Alison Smythe
T: 02 9113 2854
M: 0427147601
F: 02 9113 1532

**All Renal Clinic
Appointments**
Tel: 02 9113 2622
02 9553 8192

Referral to: No preference (earliest possible) Interpreter required: No Yes
 Specify doctor (If yes, specify language: _____)

Patient name: Date of birth:
Address: Medicare No:
Contact details: (Home)..... (Work)..... (Mobile).....
Next of Kin: Contact number:

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

- Abnormal renal function / reduced eGFR calculated from UEC blood test**
 - unexpected decline in renal function e.g. Acute Kidney Injury (AKI) on CKD
 - A sustained decrease in eGFR of 25% or more
 - a sustained decrease in eGFR of 15 mL/min/1.73m² within 12 months
 - eGFR < 30 mL/min/1.73m² (Stage 4 or 5 CKD of any cause)
 - KFRE (Kidney failure Risk Equation Score) score >3% at 2 years (calculate with urine ACR)

Most recent lab results; Date:.....

Creatinineumol/L eGFR ML/min1.73m² Urine ACR..... mg/mmol

NOTE: Please include current and previous UEC results, urine ACR and urinalysis and recent urinary tract ultrasound or non- contrast CT

- Albuminuria/ Proteinuria (preferably urine ACR) – urine ACR is an essential test**

Dipstick positive (specify)(1-4⁺) or Mg/dL

* Please quantify by one of the methods indicated below and include current UEC results and urinalysis

- Urine ACR (Albumin: creatinine ratio mg/mmol* (ignore if entered above)
- Urine PCR (protein-creatinine ratio mg/mmol Cr
- 24hr urine protein collection (if done)mg/24hr

- Haematuria**

Dipstick or MSU positive (in a non-menstruating sample, if female)

NOTE: Please include current UEC results, urine microscopy for RBC morphology/casts, urinalysis and recent urinary tract ultrasound or non-contrast CT

- Difficult to control hypertension
- Other (please specify)..... e.g. GN, AKI, APKD.

<p>Past Medical history</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidaemia <input type="checkbox"/> Family history CKD <input type="checkbox"/> AKI in the past <input type="checkbox"/> Aboriginal or Torres Strait Islander heritage <input type="checkbox"/> Other (specify) 	<p>Referring doctor details:</p> <p>Name:</p> <p>Address:.....</p> <p>Tel: Fax:.....</p> <p>Duration of referral <input type="checkbox"/> 12mths <input type="checkbox"/> Indefinite</p> <p>Signature:</p> <p>Provider No:..... Date:.....</p>
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Current medications (list or attach)

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KFRE (Kidney Failure Risk Equation Score) calculated via <http://kidneyfailurerisk.com/> to predict risk of developing renal failure i.e. needing dialysis or renal supportive care