

## St George Public Hospital Kidney Supportive Care Clinic Referral Form

*Dear Dr Kelly Li and Dr Frank Brennan,*

### DATE OF REFERRAL

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

Include a GP summary and 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.

Fax referral to 95538192 or email it to [SESLHD-STG-KSCCNC@health.nsw.gov.au](mailto:SESLHD-STG-KSCCNC@health.nsw.gov.au)