REFERRAL FOR CKD ONLINE CONNECTING CARE PROGRAM - Fax to 95538192

DATE: **Patient signed consent** ☐ YES ☐ NO

PREFERRED NEPHROLOGIST: ☐ Next Available

☐ Prof Brown ☐ A/Prof Mangos ☐ A/Prof Kelly ☐ A/Prof Katz ☐ Dr Ong

☐ Dr Pettit ☐ Dr Lane ☐ Dr Chan ☐ Dr Shanmugasundaram

CONSIDERATION FOR REFERRAL:

☐ Difficult to control hypertension

☐ Declining renal function or eGFR <30ml/min/1.73m2

☐ Significant Proteinuria (macroalbuminuria Male >25mg/mmol, Female >35 mg/mmol)

☐ Persistent heamaturia

OTHER INDICATION:

RELEVANT CLINICAL HISTORY AND QUESTIONS

REFERRING DOCTORS DETAILS

NAME	**PROVIDER NUMBER**	
ADDRESS	**Phone**	
	Fax	
	Email	

PATIENTS ADMINISTRATIVE DETAILS

NAME:	**GENDER :**	**DOB**
	ABORIGINAL OR TSI ☐ YES ☐ NO	
ADDRESS:	**Phone (Home)**	
	Phone (Work)	
	Mobile	
	Email	
MEDICARE NUMBER:	**PENSION NUMBER**:	

ALLERGIES: ☐None ☐ Unknown	**FAMILY HISTORY**
	☐ Kidney Disease ☐ Unknown Others

PAST MEDICAL HISTORY		**MEDICATIONS**	
Date	**Patient History**	**Medication**	**Dose**

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PREGNANT/BREASFEEDING	DIABETES	VASCULAR DISEASE
☐ Pregnant ☐ Breastfeeding ☐ Neither	☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Neither ☐ Unknown	☐ None ☐ Cardiovascular ☐ Cerebrovascular ☐ PVD ☐ Unknown

SMOKING	ALCOHOL
☐ Smoker Cigarettes per day: ☐ Non-Smoker ☐ Unknown	☐ Yes Standard drinks per week: ☐ None ☐ Unknown
EXERCISE	**DIETARY SALT**
☐ None ☐ Low (30-90 mins/wk) ☐ Mod (90-150 mins/wk) ☐ > 150 mins/wk ☐ Unknown	☐ Low (1 ½ tsp) ☐ Moderate (2 – 3 tsp) ☐ High (> 3 tsp) ☐ Unknown

HYPERTENSION	☐ YES ☐ NO	**BLOOD PRESSURE**	mm/Hg
WEIGHT	kg	**Height**	cm
HbA1C		**URINE ALBUMIN :CREATININE RATIO**	mg/mmol
eGFR CURRENT	ml/min/1.73m2	**eGFR 6 MONTHS AGO**	ml/min/1.73m2
Haematuria	☐ YES ☐ NO ☐ Not done		

CLINICAL EXAMINATION

☐ Chest Crackles ☐ Chest Wheezes ☐ Retinopathy ☐ Heart Murmur ☐ Bruits ☐ None of the above

☐ Foot ulcers ☐ Ankle Swelling ☐ Tachycardia ☐ Bradycardia ☐ Irregular pulse ☐ Not done

Has the patient had any of the following events in the last 6 months?

☐ None ☐ Acute Myocardial Infarction ☐ Congestive Heart Failure ☐ CVA/TIA

☐ Acute Kidney Injury ☐ Hospitalisation ☐ Amputation ☐ Unknown

Permission for additional care to be provided by Cardiologist or Endocrinologist if NEITHER already involved? ☐ YES ☐ NO

Endocrinologist or Cardiologist involved in care	**Endocrinologist:** **Cardiologist:**

Please include <u>copies of investigations</u>. If available for last 2 years

- U/E/Cr	- Iron studies	- Parathyroid hormone	- Urinary albumin creatinine or
- Calcium	- Glucose	- Urine analysis or microscopy	- 24 hour urinary protein
- Phosphate	- FBC	- CT/KUB	- MSU
- Magnesium	- Cholesterol/HDL	- Renal ultrasound	- Ambulatory BP

Please Fax this Referral Form and the Signed Consent form to 02-9553 8192.
Contact Renal Department, St. George Hospital on 02-9113 2181