

St George Public Hospital Renal Supportive Care Clinic Referral Form

Dear Dr Frank Brennan (Palliative Care Consultant)	
Date:	
Referral by (write GP or specialist type)	Doctor Name: Provider Number Contact phone number:
PATIENTS NAME and address (indicate if interpreter is required)	Interpreter - Language required
Patients Contact Number	
Patients current NEPHROLOGIST	
REASON FOR REFERRAL (please note any particular area of concern you specifically want addressed)	
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"/>
DIABETES	NO <input type="checkbox"/> Type 2 non insulin / insulin <input type="checkbox"/> Type 1 <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"/> Comment
Need social work review	URGENT <input type="checkbox"/> NON URGENT <input type="checkbox"/> NO <input type="checkbox"/>
Need nutrition intervention	URGENT <input type="checkbox"/> NON URGENT <input type="checkbox"/> NO <input type="checkbox"/>
RENAL DIAGNOSIS	
Medical History:	Please attach a letter with medical and medication history
Creatinine	Date Result
Hb	Date Result
Albumin	Date Result
eGFR	Date Result

Note: This patient should be known to a St George Hospital nephrologist, if not, please phone to discuss. **A current summary of medications and medical history is required with this referral.**

Clinic runs from 4 West, St George Public Hospital on Tuesday afternoons, or Sutherland Outpatient clinic on Friday afternoons.

Fax referral to 91131532 or email it to elizabeth.josland@health.nsw.gov.au

The patient can phone to make an appointment on 91134534 or 91132854