

# Outpatient Nephrology Referral Form

The MRP Kidney Disease Referral Pathway can be found at: [www.kidneyhealth.ca/pathways](http://www.kidneyhealth.ca/pathways).

Referring MD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PHIN: \_\_\_\_\_ Address: \_\_\_\_\_

## for EMERGENT REFERRAL

eGFR <15 mL/min with possible indications for emergent dialysis or management  
[\(see referral pathway\)](#)

### **EMERGENTLY PAGE NEPHROLOGIST ON CALL**

at Health Sciences Centre Winnipeg, St. Boniface Hospital,  
 Seven Oaks General Hospital or the Brandon Regional Health Centre.

## for NON-EMERGENT REFERRAL

Reason for Referral (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> 1. eGFR <sup>1</sup> <30 mL/min (twice)                            | <input type="checkbox"/> 5. Hematuria, suspected GN (eGFR or proteinuria criteria outlined in 3 or 4, <u>or</u> ANA>1:80, <u>or</u> decreased complements, <u>or</u> ANCA positive or normal urological evaluation) |
| <input type="checkbox"/> 2. KFRE <sup>2</sup> >3% / 5 year                                  |   |
| <input type="checkbox"/> 3. eGFR decline by >20% in 1-30 days (acute kidney injury)         |   |
| <input type="checkbox"/> 4. Proteinuria (PCR <sup>3</sup> or ACR <sup>3</sup> >100 mg/mmol) | <input type="checkbox"/> 6. Other _____   |

### **APPEND THIS INFORMATION:**

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Past medical history | <input type="checkbox"/> eGFR (also serum urea, creatinine) at least two values | <input type="checkbox"/> CBC        | <input type="checkbox"/> Spot urine for ACR |
| <input type="checkbox"/> Medications list     |   | <input type="checkbox"/> Urinalysis |   |

### **INCOMPLETE REFERRALS MAY BE RETURNED**

Additional information:

### **CONSIDER ORDERING AND SEND REPORTS WHEN AVAILABLE:**

- |   |
|---|
| <input type="checkbox"/> Serum Protein Electrophoresis & Serum Free Light Chain Ratio (> 40 years of age) |
| <input type="checkbox"/> Kidney Ultrasound  |

### **REFERRAL SITE PREFERENCE (check one)**

Dr. \_\_\_\_\_  
 (Optional)

- |  |  |
|--|--|
| <input type="checkbox"/> St. Boniface Hospital<br>Fax: 204-233-2770<br>Page: 204-237-2053  | <input type="checkbox"/> Seven Oaks General Hospital<br>Fax: 204-940-2329<br>Page: 204-632-7133    |
| <input type="checkbox"/> Health Sciences Centre<br>Fax: 204-787-7366<br>Page: 204-787-2071 | <input type="checkbox"/> Brandon Regional Health Centre<br>Fax: 204-578-4960<br>Page: 204-578-4000 |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment times may vary. Until your patient is assessed by a nephrologist, you (referring physician) are responsible for monitoring (and forwarding) your patient's blood and urine tests at regular intervals as suggested in the MRP Kidney Disease Referral Pathway. You should contact the nephrologist with any new concerns.

1 – eGFR = estimated Glomerular Filtration Rate automatically calculated from serum Creatinine by CKD-EPI Formula

2 - KFRE = Kidney Failure Risk Equation ([www.kidneyfailurerisk.com](http://www.kidneyfailurerisk.com)) 3 – PCR or ACR = Protein or Albumin to Creatinine Ratio