

# Western Health Renal Referral Form

Date: ...../...../20...

Referral of patients with CKD to a specialist renal service or nephrologist is recommended in the following situations (tick all that apply):

- stage 4 and 5 CKD of any cause (eGFR <30mL/min/1.73m<sup>2</sup>)
- persistent significant albuminuria (ACR ≥30 mg/mmol)
- a sustained decrease in eGFR of ≥ 25% OR ≥ 15mL/min/1.73m<sup>2</sup> within 12 months
- CKD and hypertension that is hard to get to target despite at least 3 anti-hypertensive agents

## Referral checklist

- current blood chemistry and haematology
- urine ACR and urine microscopy for red cell morphology and casts
- current and historical blood pressure
- urinary tract ultrasound

Any patient with rapidly declining eGFR and/or signs of acute nephritis (oliguria, haematuria, acute hypertension +/- oedema) should be referred without delay.

**Urgent referrals and advice should be made by contacting the on call renal registrar by telephone. (03) 8345 6666**

<b>Special needs</b>	<input type="checkbox"/> Mobility	<b>Interpreter required:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Other	If yes, specify:		
<b>Patient name:</b>	.....		<b>Date of birth:</b>	.....
<b>Address:</b>	.....		<b>Medicare number:</b>	.....
<b>Contact details:</b>	(Home)	(Work)	(Mobile)	

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

- Abnormal kidney function                      Creatinine \_\_\_\_\_ μmol/L    eGFR \_\_\_\_\_ mL/min/1.73m<sup>2</sup>  
\* Please attach past and current UECs, urinalysis and recent urinary tract ultrasound
  - acute kidney injury (unexpected decline in kidney function)
  - chronic kidney disease
- Urinary abnormalities  
\*Present on at least 2 occasions in the absence of other confounding factors such as UTI or menstruation  
\*Please include current UECs, results of urinary tests and recent urinary tract ultrasound
  - proteinuria                      Urine ACR \_\_\_\_\_ mg/mmol  
    Other method / result \_\_\_\_\_
  - haematuria
- Difficult to control hypertension
- Other (specify) \_\_\_\_\_

## Past medical history

### CKD Risk factors

- Hypertension     Diabetes     Obesity
- Age > 60yrs     Smoking
- Cardiovascular disease
- Family history of kidney failure
- Aboriginal or Torres Strait Islander origin
- History of acute kidney injury

## Other History cont.

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**Current medications**

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**Please attach any other relevant information.**

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**Please provide any further relevant information.**

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**Referral details**

Name: .....

Address: .....

Tel: ..... Fax: .....

Duration of referral: .....

Signature: .....

Provider