**Outpatient Nephrology Referral Form**

Date of referral: ____/__/__  
Is this a re-referral?  
○ Yes  ○ No

Name of nephrologist seen previously: ____________________________

**Recommended Reason for Referral:**

- ○ eGFR < 15 ml/min/1.73m² on 1 occasion  
- ○ eGFR < 30 ml/min/1.73m² on 2 occasions, at least 3 months apart  
- ○ eGFR < 45 ml/min/1.73m² and urine ACR between 30 and 60 mg/mmol on 2 occasions, at least 3 months apart  
- ○ Rapid deterioration in renal function (eGFR < 60 ml/min/1.73m² and decline of 5 ml/min within 6 months, confirmed on repeat testing within 2 to 4 weeks on 2 occasions)  
- ○ Proteinuria (urine ACR > 60 mg/mmol on at least 2 of 3 occasions)  
- ○ Hematuria (> 20 RBC/hpf or RBC casts)  
- ○ Resistant or suspected secondary hypertension  
- ○ Suspected glomerulonephritis/renal vasculitis  
- ○ Metabolic work-up for recurrent renal stones  
- ○ Other: ____________________________

Additional comments: ____________________________

**Co-morbid Conditions:**

- ○ Diabetes mellitus  
- ○ Coronary artery disease  
- ○ Hypertension  
- ○ Frailty  
- ○ Peripheral vascular disease  
- ○ Previous stroke  
- ○ Cognitive impairment

**Complete or Attach the Following (incomplete will be returned; refer to Kidney Wise Algorithm):**

<table>
<thead>
<tr>
<th>Date #1</th>
<th>eGFR:</th>
<th>Creatinine:</th>
<th>Urine ACR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date #2</td>
<td>eGFR:</td>
<td>Creatinine:</td>
<td>Urine ACR:</td>
</tr>
<tr>
<td>Hba1c:</td>
<td>Hgb:</td>
<td>K⁺:</td>
<td>Ca²⁺:</td>
</tr>
<tr>
<td>PO₂:</td>
<td>Albumin:</td>
<td>PTH:</td>
<td>Hematuria (dipstick):</td>
</tr>
</tbody>
</table>

○ Attach Medical History (required)  ○ Attach diagnostic test results (past 12 months required)

○ List or Attach Current Medications:

<table>
<thead>
<tr>
<th>Referring practitioner/address/phone/fax:</th>
<th>Referring billing #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

Fax completed referral form to:  
○ KW Renal Clinic at 519-749-4210
○ Guelph Renal Clinic at 519-822-0701

Revised 06/16