

Referral of patient with chronic kidney disease

GP name: Telephone:
 GP address: Fax:
 Email:
 Date:

Information required for referral

Patient name: DOB: Age:
 Patient address: Ethnicity:

NHS number: UHB hospital number:
 Reason for referral (please state):

Creatinine current

eGFR: CKD stage: Urinalysis: Current BP:

Creatinine(s) historical

Date						
Creat						
eGFR						

MSU: RBC: WBC: Growth:
 Urinary symptoms? Y/N Hypertension? Y/N Diabetes history? Y/N

Mean daytime ambulatory BP:

Other significant medical history (please state):

(Additional information can also be faxed if required to assist referral.)

Current medication

NSAIDS Y/N Metformin Y/N

Renal ultrasound report (if available):

Referral of patient with chronic kidney disease: advice sheet

Patient details

Patient name:

DOB:

Patient address:

Age:

NHS number:

UHB hospital number:

Date of referral:

Target BP:

Introduction of ACEi/ARB and precautions (see RCGP CKD guidance):

CV risk management:

Other advice:

Frequency of rechecking:

- biochemistry, including calcium, albumin and phosphate:
- blood count:

Indications for referral back to nephrology care:

Date advice sheet completed:

Completed by (print):

Signed: