



DIVISION OF NEPHROLOGY
CONSULTATION REQUEST
Phone: 604-875-2272 Fax: 604-875-3649
 Urgent Soon Routine

(Urgent referrals **MUST** be discussed with the Nephrology on-call physician)
 The referral will be prioritized by a Nephrologist. Family will be contacted directly once an appointment is booked.

Please fax completed form and attachments to 604-875-3649

Date of Referral:			
Referring Physician / Nurse Practitioner			
Name		MSP #	
Phone		Fax	
Patient Information			
Name		DOB	
Sex		PHN	
Address		Primary Phone #	
		Email	
Parent's Name(s)		Interpreter Req'd	<input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No
<p>IMPORTANT: Please outline the nephrological concerns, relevant history, and specific question(s) to be answered. Referrals with inadequate or missing information will be returned.</p> <p>Please attach any relevant documentation: <input type="checkbox"/> Urine studies (u/a, UCx, lytes) <input type="checkbox"/> Blood work <input type="checkbox"/> Imaging Studies (u/s, MAG3, nGFR, VCUG) <input type="checkbox"/> ABPM <input type="checkbox"/> Culture and sensitivities</p>			
Reason for Referral: (Please include consult and pediatric letter)			
(Urgent referrals only) Referral discussed with on-call Nephrology team? <input type="checkbox"/> Yes, whom? _____ <input type="checkbox"/> No			
Has the patient been previously seen by Nephrology?		<input type="checkbox"/> Yes, whom? _____ <input type="checkbox"/> No	
Referral confirmation will be sent to referring physician's office once referral triaged. Families are advised to go back to their referring physician's office if conditions changed and require sooner appointment. No re-triaging will be considered unless there are updated information faxed or one of the Nephrologists has been consulted.			