



Outpatient Nephrology Referral Form for Primary Care Providers

To our primary care provider colleagues:

Please find an Outpatient Nephrology Referral Form developed by the Ontario Renal Network (ORN). Recommended reasons for referral of patients with nephrological problems are outlined, and these closely mirror the ORN's KidneyWise Clinical Algorithm and Evidence Summary. While patients (and their primary care providers) often want to arrange a timely appointment so that their clinical concerns can be addressed and/or alleviated quickly, most nephrologists will triage referred patients based on level of need. Those patients who are at high risk of progressing to end-stage renal disease and/or who may require a renal biopsy for diagnosis are usually seen more urgently.

Typical indications include:

- Very low renal function (eGFR < 20 ml/min/1.73m², confirmed on repeat testing)
- Rapidly declining renal function (eGFR decline ≥ 10 ml/min/1.73m² within 2 to 4 weeks, confirmed on repeat testing)
- Nephrotic syndrome (edema with severe proteinuria – i.e. urine ACR > 150 mg/mmol or 24-hour urine protein > 3.5 g/day and serum albumin < 25 g/L)
- Suspected glomerulonephritis or renal vasculitis (hematuria with > 20 RBC/hpf or RBC casts associated with proteinuria, declining renal function and/or positive immune markers)

Please note that the use of NSAIDs should be discontinued prior to confirming very low or rapidly declining renal function, as this is a common reversible cause of a decline in eGFR. Also, note that initiating the use of an ACEI or ARB may cause a reversible decline in eGFR (up to 30%) that does not necessarily warrant referral.

If you feel that circumstances warrant referral of a patient with CKD who does not meet the recommended referral criteria on the Outpatient Nephrology Referral Form, particularly in younger patients, contact your local nephrology group for further advice. If you feel your patient needs to be seen within 24 hours, contact the nephrologist on call in your region for further discussion.

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The KidneyWise Clinical Toolkit helps primary care providers identify, detect, and manage chronic kidney disease (CKD).

The KidneyWise Clinical Toolkit helps to:

- Determine which patients are at high risk of developing CKD
- Provide recommendations on how to properly diagnose and best manage the disease to reduce risk for further progression
- Guide clinicians on which patients might benefit from referral to nephrology

www.kidneywise.ca



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Patient Information (please fill in or affix label):

NAME: _____ DOB: _____ / _____ / _____
DD MM YY

ADDRESS: _____

PHONE #: _____ HEALTH CARD #: _____

ALT. CONTACT INFO: _____

Outpatient Nephrology Referral Form

Date of referral: _____ / _____ / _____ **Is this a re-referral?** Yes No
DD MM YY

Name of nephrologist seen previously: _____

Recommended Reason for Referral:

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/1.75m² 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

Lab Values:
Please fill out below if applicable; refer to the ORN KidneyWise Clinical Algorithm for suggested investigations

Date #1: <small>DD/MM/YY</small>	eGFR:	Creatinine:	Urine ACR:
Date #2: <small>DD/MM/YY</small>	eGFR:	Creatinine:	Urine ACR:
HbA1c:	Hgb:	K ⁺ :	Ca ²⁺ :
PO ₄ ³⁻ :	Albumin:	PTH:	Hematuria (dipstick):

Other (or attach): _____

Current Medications:

Referring practitioner/address/phone/fax:	Referring billing #:
	Signature:



Please send the completed referral form to a local nephrologist in your region.

Do not forward this form to CCO/Ontario Renal Network. If you need to access contact information for a local nephrologist, please visit <http://www.cpsa.on.ca/public-register/all-doctors-search?term>