

Please choose the type of service for this referral:

- Second opinion and co-management
- Assume care as primary nephrologist
- Second opinion only
- Patient education
- Access to medication
- Indicate if the patient should be seen via OTN

Referring physician: _____ Pager/Phone: _____

Reason for referral: _____

If this patient needs an urgent referral, and select the reason:

- Rapid decline in eGFR
- Worsening nephrotic symptoms
- Worsening systemic disease symptoms
- Patient is pregnant
- Other: _____

Language issues present — **Specify language:** _____

- Requires translator

Please complete the following history of immunosuppression use:

Medication	Dose	Dates	Disease response or reason for discontinuation

PLEASE SEND THE FOLLOWING INFORMATION TO THE FAX NUMBER BELOW

- Complete pathology report if a previous kidney biopsy has been performed
- All office consult and visit dictations
- Recent urinalysis, proteinuria measurement and blood work
- Current medications
- Any other relevant tests related to the work up of the underlying glomerular disease
- Serial creatinine and proteinuria measurements are helpful if available

Note: If a patient has been followed for many years, instead of sending **all** dictations and investigations, please consider sending:

- The first, and 2-3 of the most recent sets of dictations and lab investigations
- Dictated summary of patient's treatment course and disease response

Send this referral form, together with all related information to:

St. Joseph's Healthcare Nephrology, Attention GN Clinic
Fax: 905-521-6153, Phone: 905-522-1155, x 34976
Mail: 4th floor Nephrology, 50 Charlton Ave E, Hamilton, ON L8N 4A6

If there is a change in patient condition prior to first appointment, please phone clinic to be put in contact with a Specialty Clinic Nephrologist