Cyril Kuriakose, MD, FASN
Stephanie Empson, DNP, FNP-C

NEPHROLOGY CONSULT REQUEST FORM

PROVIDER OFFICE: Please include the most recent progress notes & discharge summaries with recent labs and any kidney imaging with this form.

Patient Name (Last, First): _____ DOB: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Patient Phone: Home: _____ Cell: _____ Email: _____

Language: English Spanish Other: _____

REASON FOR REFERRAL: (Please check all that apply

- ❑ Chronic Kidney Disease
- ❑ End Stage Renal Disease/Dialysis
- ❑ Hypertension
- ❑ Acute Kidney Injury
- ❑ Abnormal Blood Chemistry/Electrolytes
- ❑ Kidney Transplant
- ❑ Kidney Stones
- ❑ Protein or blood in the urine
- ❑ Edema
- ❑ Polycystic Kidney Disease
- ❑ Abnormal Kidney Imaging
- ❑ Other: _____

Primary Insurance: _____ Group #: _____ Policy #: _____

Preferred CKC Physician: _____ **OR** First Available Physician

Our routine clinic policy is that all new patients are initially seen by a board-certified nephrologist. If the patient would allow an initial nephrology nurse practitioner visit for a sooner appointment with a follow-up visit by the physician please check here:

Referring Provider: _____ **Phone:** _____

Thank you for the privilege and opportunity to participate in this patient's care,
The Coos Kidney Care Team.

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