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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)

- | | |
|--|--|
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Kidney Stones |
| <input type="checkbox"/> End Stage Renal Disease/Dialysis | <input type="checkbox"/> Protein or blood in the urine |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Acute Kidney Injury | <input type="checkbox"/> Polycystic Kidney Disease |
| <input type="checkbox"/> Abnormal Blood Chemistry/Electrolytes | <input type="checkbox"/> Abnormal Kidney Imaging |
| <input type="checkbox"/> Kidney Transplant | <input type="checkbox"/> Other: _____ |

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

Preferred RKC 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 Roseburg Kidney Care Team.

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