



Please find an Outpatient Nephrology Referral Form for Primary Care Providers (PCPs) developed by the Ontario Renal Network (see reverse page). Recommended reasons for referral of people with nephrological problems are outlined, and these mirror the Ontario Renal Network's KidneyWise Clinical Algorithm and Evidence Summary.

### Indications for referral for chronic kidney disease (CKD), including proteinuria:

- eGFR < 30, or
- Rapid deterioration in kidney function: eGFR < 45 and decline of > 5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, or
- ACR > 60, or
- 5-year Kidney Failure Risk Equation (KFRE)  $\geq$  5%

While people and their PCP often want to arrange a timely appointment so that their clinical concerns can be addressed and/or alleviated quickly, most nephrologists will triage referred individuals based on level of need. Those people who are at high risk of progressing to end-stage renal disease (ESRD), and/or who may require a renal biopsy for diagnosis, should be seen more urgently.

### Other indications for referral to nephrology:

- Resistant or suspected secondary hypertension
- Suspected glomerulonephritis/renal vasculitis, including RBC casts or hematuria (> 20 RBC/hpf)
- Metabolic work-up for recurrent kidney stones
- Clinically important electrolyte disorder

Please note that the use of non-steroidal anti-inflammatory drugs (NSAIDs) should be discontinued prior to confirming very low or rapidly declining kidney function, as they are a common reversible cause of a decline in eGFR. Also, note that initiating the use of an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) may cause a reversible decline in eGFR (up to 30%) that does not necessarily warrant referral.

If you feel that circumstances may warrant referral of a person with CKD who does not meet the recommended referral criteria on the Outpatient Nephrology Referral Form for Primary Care Providers, or you feel an in-person consult may not be absolutely necessary, please also consider utilizing the provincial eConsult service. If interested, please email: [eConsultCOE@toh.ca](mailto:eConsultCOE@toh.ca) for more information.

If you feel the individual needs to be seen within 24 hours, contact the nephrologist on-call in your region for further discussion.

The KidneyWise Clinical Toolkit helps to:

- Determine which people 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 people might benefit from referral to nephrology

[KidneyWise.ca](http://KidneyWise.ca)



**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:

#### Indications for referral for chronic kidney disease (CKD), including proteinuria:

- eGFR < 30 on 2 occasions, at least 3 months apart, or
- Rapid deterioration in kidney function: eGFR < 45 and decline of > 5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, or
- Proteinuria: urine ACR > 60 mg/mmol on at least 2 of 3 occasions, or
- 5-year KFRE ≥ 5%

#### Other indications for referral to nephrology:

- Resistant or suspected secondary hypertension
- Suspected glomerulonephritis/renal vasculitis, including RBC casts or hematuria (> 20 RBC/hpf)
- Metabolic work-up for recurrent renal stones
- Clinically important electrolyte disorder
- Other (have you considered utilizing the provincial eConsult service?): \_\_\_\_\_

### Additional Comments:

### Co-morbid Conditions:

- Diabetes mellitus
- Coronary artery disease
- Hypertension
- Frailty
- Peripheral vascular disease
- Previous stroke
- Cognitive impairment
- Connective tissue disease (eg SLE, RA, vasculitis)

### Lab Values:

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

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

Other (or attach):

### Current Medications: (please attach separately)

|  |                             |
|--|-----------------------------|
| <b>Referring Practitioner/Address/Phone/Fax:</b> | <b>Referring Billing #:</b> |
|  | <b>Signature:</b>           |

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>