

# BC Glomerulonephritis Clinic Referral

## PATIENT INFORMATION LABEL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

PHN: \_\_\_\_\_

**Please choose the type of service for this referral:**

- Second opinion and co-management
- Assume care as primary nephrologist
- Second opinion only
- Indicate if the patient should be seen by TeleHealth

**Referring physician:** \_\_\_\_\_ **Pager/Phone:** \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

**Indicate 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: \_\_\_\_\_

**Indicate if language issues present**      **Specify language:** \_\_\_\_\_

- Translator is required

**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 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:  
**Vancouver General Hospital Nephrology, Attention GN Clinic**  
 Fax: **604-875-5952** Mail: **5<sup>th</sup> floor Nephrology, 2775 Laurel St., Vancouver, BC V5Z 1M9**