

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? No Yes Language: _____

Health Insurance: _____ Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Hypertension & Nephrology

 Urgent (within 10 business days – Please call our office) **Stable** (next available) **Second Opinion** (next available)

Diagnosis & Reason for Consult:

- | | |
|--|--|
| <input type="checkbox"/> Chronic Renal Failure | <input type="checkbox"/> Glomerulonephritis (GN) |
| <input type="checkbox"/> Acute Renal Failure | <input type="checkbox"/> Vasculitis |
| <input type="checkbox"/> Fabry Disease | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Hematuria | <input type="checkbox"/> Nephritis |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nephrotic Syndrome |
| <input type="checkbox"/> Proteinuria | <input type="checkbox"/> End Stage Renal Disease |
| <input type="checkbox"/> Urinary Tract Infections | <input type="checkbox"/> Kidney Stones |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Tubular Defect |
| <input type="checkbox"/> Hypertension in Pregnancy | <input type="checkbox"/> Other - see next question |

What is specific question you would like answered? _____

Pertinent Medical Information & Testing Results:

 All information available in eDH

or

Check all information attached: Medication List CT Scan MRI Ultrasound Relevant Office Notes Lab Results (Include last 2 years) Other Testing _____**Please note:** An appointment secretary will contact your patient to schedule an outpatient appointment.

Incomplete or illegible information on this form will result in a request for additional information which will delay the scheduling of your patient.

Please let your patient know if they don't hear from us within 72 hours, to call (603) 653-3830 for immediate assistance.