RENOVIAL HEALTH

Specialist nephrology referral

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Please attach a medication list, relevant pathology trends and imaging reports.

Patient details

Full name:

Date of birth: Medicare number / reference:

Address:

Phone: Preferred language:

Referral request

Reason for referral / clinical question:

Relevant history / allergies:

Clinical urgency and reason:

Preferred clinic / telehealth:

Referrer details

Name: Provider number:

Practice name and address:

Phone: Fax / secure contact:

Referral date: Signature:

Attach creatinine/eGFR trends, electrolytes, urine ACR/PCR, urinalysis, BP and relevant imaging.

For urgent referrals, call to discuss. Emergencies require acute hospital assessment.