Heart and Health Clinic

Specialist & Cardiac Diagnostic Centre

T: 289-760-9550
F: 905-296-3858
E: clinic@heartandhealth.ca
W: www.heartandhealth.ca

Our Clinic Location

Stoney Creek

70 King St E, Lower Level
Stoney Creek, ON L8G 1K2

NEPHROLOGY REFERRAL FORM | DR. DANAH BOHEMID

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

Patient Telephone

Patient Address

DOB (MM/DD/YY)

REASON FOR REFERRAL - PLEASE SPECIFY

- ☐ **Chronic Kidney Disease (eGFR < 45ml/min)**
- ☐ **Proteinuria**
- ☐ **Electrolyte Disorder (e.g. hyponatremia, hyperkalemia)**
- ☐ **Hematuria**
- ☐ **Kidney Stones**
- ☐ **Other:**
- ☐ **Acute Kidney Injury (Acute Renal Failure)** ***Includes recent rapid drop in eGFR***
- ☐ **Resistant or Suspected Secondary Hypertension**

PLEASE ENCLOSE THE FOLLOWING INFORMATION (IF COMPLETED)

1. **List of medications and allergies**
2. **List of past medical/surgical history**
3. **Serum Creatinine, eGFR values over last 2 years**
4. **Urine Studies: Urinalysis, 24-hour urine collection (CrCl, protein), Urine ACR and/or PCR**
5. **Renal Ultrasound**

REFERRING PHYSICIAN INFORMATION

Referring Physician Name

Office Address

Contact Phone

Contact Fax

Billing Number

Copy To

Referring Physician Signature