



# Referral Form

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

Date of Birth: \_\_\_\_\_

Diagnosis / Reason for Consult:

*Circle all that apply*

- |                             |                                 |
|-----------------------------|---------------------------------|
| Elevation of Creatinine     | Proteinuria                     |
| Hypertension                | Hematuria                       |
| Abnormal Imaging Study      | Family History of Renal Disease |
| Abnormal Laboratory Studies | History of Renal Transplant     |
| Kidney Stones               | Urine Infections                |

Other: \_\_\_\_\_

Urgency:

- Routine      ASAP      STAT (Physician to Physician Only)

Consulting Physician Requests:

*Circle your request*

First Available Physician / Appointment

Specific Consultant Requested: Dr. \_\_\_\_\_

Offices:

*Circle your request*

- |               |             |         |
|---------------|-------------|---------|
| Reno / Sparks | Carson City | Fallon  |
| Winnemucca    | Elko        | Truckee |

Please Include the following documents with all new patient referral requests:

1. Most recent physician evaluation (Office Notes, Hospital H & P, etc.)
2. Last 6 months of laboratory evaluations
3. Any pertinent imaging reports
4. Patient demographic information

Contact Us:

(775) 322-4550  
(775) 322-4557 (Fax)  
(775) 322-4583 (Direct Physician to Physician Line)  
E-Mail: [Referral@nevadakidney.com](mailto:Referral@nevadakidney.com)

All new patient forms can be found on our website: [www.nevadakidney.com](http://www.nevadakidney.com)