



## Specialty Referral Form NEPHROLOGY – KIDNEY CENTER

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Language: \_\_\_\_\_  
Insurance (please provider front/back copy of card): \_\_\_\_\_

### Past Medical History

- Include most recent H&P, including medication and allergy lists
- Recent labs

### Referring Office:

Date of Referral: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_ Referring Office: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Degree of Specialty involvement: \_\_\_ consultation \_\_\_ co-management \_\_\_ transfer of care  
Urgency:  First Available  Urgent \*Please call directly for urgent referrals in addition to form

### Specialty Specific Information:

Have there been any related images been done?  Yes  No If yes, please send images

### Scheduling:

UPC Kidney Center will call patient directly to schedule appt once imaging and records are available and reviewed.