

## Humboldt County Referral Form – Specialty Guidelines

### Redwood Renal - Nephrology

- **Please ask your patient to contact us within 5-10 business days after sending the referral, to schedule the appointment.**
- **Include a signed Medical Records Release from patient**
- **Please include patient demographics sheet, and signed medical records release.**
- **Include insurance/eRaf/Authorization**
- **We are a one-physician practice with primary obligations to our dialysis and transplant patients. We will attempt to review this referral as soon as possible.**
- **Referral fax (707) 441-0344**

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<b>Glomerulonephritis/Nephrotic Syndrome</b> New Hematuria /proteinuria	<ul style="list-style-type: none"> <li>● 24 hour urine protein/creatinine ratio</li> <li>● Renal ultrasound</li> <li>● Cumulative, trending labs including urinalysis – minimum 2 years, unless explained</li> <li>● Medication list (flow sheet, if available, showing changes/additions)</li> <li>● Relevant chart notes</li> </ul>	
<b>CKD 4-5 Advancing – GFR 29 and below.</b> (Keep in mind that a low GFR on an 80 year old may not impact their quality of life and would not be a priority referral)	<ul style="list-style-type: none"> <li>● Renal ultrasound</li> <li>● Cumulative, trending labs including urinalysis – minimum 2 years, unless explained</li> <li>● Medication list (flow sheet if available showing changes/additions)</li> <li>● Relevant chart notes</li> </ul>	