

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) 497-6318**

| Reason for Referral (Clinical Question) | “Required” Clinical Testing & Documentation | “Preferred” Additional Clinical Testing & Documentation |
|---|---|---|
| Glomerulonephritis/Nephrotic Syndrome New Hematuria /proteinuria | <ul style="list-style-type: none"> ● 24 hour urine protein/creatinine ratio ● Renal ultrasound ● Cumulative, trending labs including urinalysis – minimum 2 years, unless explained ● Medication list (flow sheet, if available, showing changes/additions) ● Relevant chart notes | |
| CKD 4-5 Advancing – GFR 29 and below. (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"> ● Renal ultrasound ● Cumulative, trending labs including urinalysis – minimum 2 years, unless explained ● Medication list (flow sheet if available showing changes/additions) ● Relevant chart notes | |
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