

**Renal Medicine Assessment Form****Patient Details**

Name DoB:  
Address NHS no:  
Postcode M / F  
Home tel no: Ethnic origin

**GP Details**

Name  
Address or practice stamp  
Fax number  
Date of referral

**Referral Criteria for CKD- Please tick which apply:**

**If acute renal failure is suspected or serum potassium of > 7.0 mmol/L phone the on-call Renal Registrar at Southmead Hospital 0117 505050 bleep 9578**

- stage 4 and 5 CKD (with or without diabetes)
- higher levels of proteinuria (ACR  $\geq$ 70 mg/mmol) unless known to be due to diabetes and already appropriately treated
- proteinuria (ACR  $\geq$ 30 mg/mmol) together with haematuria
- rapidly declining eGFR (> 5 ml/min/1.73 m<sup>2</sup> in 1 year, or > 10 ml/min/1.73 m<sup>2</sup> within 5 years)
- hypertension that remains poorly controlled despite the use of at least four antihypertensive drugs at therapeutic doses (see NICE clinical guideline 34)
- people with, or suspected of having, rare or genetic causes of CKD
- suspected renal artery stenosis

**Essential Information to be provided in accompanying letter/print out**

- Current medical history
- Past medical history
- Current medications
- Result of urine dipstick
- Urine albumin/creatinine ratio
- All available previous serum creatinine and electrolytes measured over the last 2 years
- Renal ultrasound performed in the last 12 months - Y or N Date (please provide report)