

Instructions

- Use the bookmarks on the left, the scroll bar on the right, the Tab key, the direction arrows on your keyboard, or the Page Up and Page Down keys to navigate these pages.
- An asterisk (*) denotes required information.
-  means click on the yellow area and type.
-  means there is a drop-down menu with options you may choose.
- A calculator icon may appear briefly when you move the cursor. It will disappear spontaneously.
- **The patient information that you enter is used to automatically insert appropriate information throughout the document.** The text may appear differently from the static text you see on the form. When the letter prints, all of the fonts will be consistent.
- No spelling or grammar checking tools are available, so please carefully review the information that you enter.

Users of Adobe® Acrobat® Reader™

The regular version of Adobe Acrobat Reader does not allow users to save information entered into the form. If you get an error message, click OK. To save the letter: Select the Text Tool . This icon is located on the toolbar and the command is also on the Tools menu. Select the text of the letter to be copied and paste it into your word processor. Some formatting may be needed.

Disclaimer

The physician using the nephrology consult letter template is solely responsible for reviewing the generated letter for accuracy before transmittal.

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Patient Data

*Name:
Date of Birth: / / *mm/dd/yyyy*
*Age:
*Gender Male Female
*African American: Yes No
*Serum Creatinine: mg/dL
*Estimated GFR Value: mL/min/1.73m²

Disclaimer: This is most accurate for GFRs 60 mL/min/1.73m² or less.



Letter Data

Would you like to include a return address in the letter?

Yes No

Dr. *

Thank you for asking me to assist in the care of your patient _____, who was seen in my office * _____, for evaluation of chronic kidney disease (CKD), which I believe is on the basis of * _____¹. _____ has a serum creatinine of _____ mg/dL, yielding an estimated GFR² of _____ mL/min/1.73 square meters (_____³). At this stage of CKD, the major issues that need to be addressed are:



My goal is to assist you in your patient's care, providing appropriate consultation and, when necessary, assisting in management of your patient's CKD and related complications. I anticipate that over the next year, I will need to see your patient every * * . I would most appreciate if your office would arrange the following tests for the patient and forward the results to my office by * . My fax number is .

**Click the box(es) to select all that apply.*

- Basic metabolic panel with calcium
- Phosphate
- Albumin
- Spot urine (preferred first AM void) for microalbumin and creatinine
- Lipid profile (LDL, HDL, total cholesterol)
- Spot urine for albumin/creatinine ratio
- 24-hour urine for creatinine, protein, urea nitrogen
- CBC
- Hgb, serum ferritin, TSAT
- Serum intact PTH
- HBsAg
- HepCAb
- UPEP
- Renal ultrasound
- Other:

I ordered the following studies during my visit with and will forward the results to you as they become available.

**Click the box(es) to select all that apply.*

- Basic metabolic panel with calcium
- Phosphate
- Albumin
- Spot urine (preferred first AM void) for microalbumin and creatinine
- Lipid profile (LDL, HDL, total cholesterol)
- Spot urine for albumin/creatinine ratio
- 24-hour urine for creatinine, protein, urea nitrogen
- CBC
- Hgb, serum ferritin, TSAT
- Serum intact PTH
- HBsAg
- HepCAb
- UPEP
- Renal ultrasound
- Other:



Should renal replacement become necessary in the future, please remind your patient to avoid venipunctures in either arm, but especially the nondominant arm, whenever possible. The best place for drawing blood is the dorsum of either hand, if possible.

With your permission, the areas that I would like to focus my attention in the care of your patient with are:

**Click the box(es) to select all that apply.*

If you would prefer to primarily manage any of the above areas of care, please let me know. We can then agree on appropriate goals.

If I may, the area of _____ care that I would ask you to manage are:

**Click the box(es) to select all that apply.*

- Glycemic control (goal of Hgb A1C less than or equal to _____)
- Management of hyperlipidemia (goal of LDL less than _____)
- Routine health surveillance, including colonoscopy, immunization, etc.
- Referral for ophthalmologic and podiatry care as needed.

If you prefer that I primarily manage any of the above areas of care, please let me know.



National Kidney Disease Education Program

Nephrology Consult Letter Template



I will be sure that you get a letter or other form of communication from me after each office visit.

Click the box(es) to select all that apply.

I look forward to continuing to care for this patient with you.

If you have any questions or concerns about any aspect of your patient's care, please do not hesitate to contact me.

I do accept e-mail communication. My e-mail address is _____ .

Also, please feel free to contact _____ (_____) at _____ .

in my office who assists me in the care of your patient.

Other remark(s): _____

Sincerely yours,



References

1. Centers for Medicare & Medicaid Services – [List of Primary Causes of End-Stage Renal Disease](#)
2. National Kidney Disease Education Program – [GFR Calculators](#)
3. National Kidney Foundation – [Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification, and Stratification](#)
4. National Heart, Lung, and Blood Institute – [Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure \(JNC 7\) Express](#)
5. Diabetes Care – [Standards of Medical Care in Diabetes](#)
6. National Kidney Foundation - [Guidelines for Vascular Access: Guideline 8 – Timing of Access Placement](#)
7. Standards of Medical Care for Patients with Diabetes Mellitus, Position Statement. Clinical Practice Recommendations 2001. Diabetes Care 24:S33-S43, 2001 (suppl 1)
8. National Kidney Foundation. K/DOQI Clinical Practice Guidelines for Managing Dyslipidemias in Chronic Kidney Disease. Am J Kidney Dis 41:S1-S92, 2003 (suppl 3)

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