NATIONAL KIDNEY FOUNDATION OF SAMOA

(Established: National Kidney Foundation of Samoa Act 2005)

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PREDIALYSIS CLINIC REFERRAL FORM

Date Dr Referring

		Patient NHI -
Patient Name -	DOB	Age Gender
patient village-	Contact #1	contact #2

Referral because-

Comorbidities

DM		IHD		***Meds***
HTN		Prev CVA		
Peripheral vasc disease		COPD		
Gout		Asthma		
SLE		on warfarin		
?amputations-		other-		

Smoker- Y/N ETOH Y/N Allergies?_____

USS RESULTS- DATE	Date of labs-		CKD stage-
	UREA		HB
	CREAT		WCC
	ALB		PLATELET
	CA		CHOL
	PHOS		HBA1C
	URIC ACID		URINE ACR
	eGFR -		URINALYSIS

any previous lab results? Gfr & date (please attach all)

History ad concerns-

please email referral to dnola@nkfs.ws and chris@nkfs.ws
we will arrange appointment and contact patient for date and time to be seen
urgent referrals must be discussed over the phone doctor to doctor faafetai

referrer-

Name _____
Signature _____
Designation _____