

# Southern Indiana Nephrology & Hypertension Patient Referral

To: \_\_\_\_\_ At (office): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please complete the following information and fax back to 812-375-9856**

Patient's name: \_\_\_\_\_ SS# (last 4 digits): XXX-XX- \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
\_\_\_\_\_

Patient resides in ECF, if so, what facility? \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Labs: Most recent: Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ GFR \_\_\_\_\_ Date \_\_\_\_\_

Last 2 values: Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ GFR \_\_\_\_\_ Date \_\_\_\_\_

Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ GFR \_\_\_\_\_ Date \_\_\_\_\_

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## Please send via return fax:

\_\_\_ Current medication list

\_\_\_ Copies of insurance cards

\_\_\_ Patient's demographic information

\_\_\_ Any tests, scans of kidneys

\_\_\_ Most recent H&P

\_\_\_ Last 3 office notes

\_\_\_ Lab results: most recent renal panel, CBC,  
etc. (within the last 30 days)

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Once this information is received, we will call your patient to schedule their initial visit and fax you confirmation of the appointment date and time.

Additional Patient Referral forms can be downloaded at [www.crh.org/sinh](http://www.crh.org/sinh).

Thank you for allowing us to contribute to the care of your patient.

