



Office Use only

Date Referral Sent: _____

Date Received: _____

URGENT **NOT URGENT**

Inpatient Outpatient Hospital Transfer

Medical Record Number # _____

CLIENT DETAILS		Date of Birth: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I
Surname: _____		Given Name/s: _____	
Address: _____			
Home Phone: _____		Work: _____	Mobile: _____
Does the client identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander Other: _____			
Preferred Language spoken: _____		Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PAST RELEVANT MEDICAL HISTORY (attach health summary)			
Current pathology results; eGFR, urine ACR & PCR: _____			
Current symptoms: _____			
Current medication list: _____			
REFERRER DETAILS			
Name of Referrer: _____		Date: _____	
Position / Organisation: _____		Contact Number: _____	
General Practitioner: _____		Contact Number: _____	
If not the GP / Physician are they aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REASON FOR REFERRAL			
Referral to:	<input type="checkbox"/> Renal Community Nurse	<input type="checkbox"/> Renal Educator Nurse	<input type="checkbox"/> Renal Access Nurse
Reason for Referral:	<input type="checkbox"/> Specialist Review / Symptom Management	<input type="checkbox"/> CKD Education	
	<input type="checkbox"/> Dialysis Education	<input type="checkbox"/> Discharge planning	
	<input type="checkbox"/> Renal Dietitian Review (WB, SW, MW)		
	<input type="checkbox"/> Other: _____		
Has the patient seen a private Nephrologist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes; Name: _____		Address: _____	

PLEASE FORWARD REFERRAL TO THE WACHS REGIONAL RENAL SERVICES AS BELOW. SOME SERVICES MAY NOT BE AVAILABLE. THIS FORM WILL BE UPDATED ACCORDINGLY.

Goldfields	E: WACHS-GoldfieldsRenalServices@health.wa.gov.au	T: 9080 5344	F: 9080 5806
Great Southern	E: ARH.Dialysis@health.wa.gov.au	T: 9892 2418	F: 9845 8751
Midwest	E: RegionalRenalNurses.WACHS-Midwest@health.wa.gov.au	T: 9956 6290	F: 9956 6297
Pilbara	E: WACHS-Pilbara-Renal-Service@health.wa.gov.au	T: 9174 1287	
South West	E: WACHSSWCKDServices@health.wa.gov.au	T: 0439 273 688	F: 9725 2490 (Att: CKD Nurse)
Wheatbelt	E: Wheatbelt.RenalService@health.wa.gov.au	T: 9690 1772	F: 9690 1694
Kimberley	Service not provided by WACHS		