Mālama KIDNEY CENTER

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Nephrology Referral Form

Clear Form

☐ Urgent

Provider Information		
Provider Name		Date of Referral
Patient Information		
First Name	Last Name	Date of Birth (MM/DD/YYYY)
Contact Person / Relationship	Phone Number / Mobile Number	*Patient's primary language (if not English)* _____ ☐ The patient needs an interpreter

All the below services are included with our program, kindly select the services you would like us to focus on with your patient. **Note: Insurance coverage for services vary. MKC will make every effort for all services to be provided to patient.*

- ☐ Full MKC Program (including General Education, ESKD Treatment Options Education, Medical Nutrition Therapy, Care Management, Behavioral Health Support)
- ☐ General CKD Education (i.e. CKD education, comorbidities education, Medications Management, etc.)
- ☐ ESKD Treatment Options Education (i.e. CKD education with a focus on treatment options and Advance Care Planning)
- ☐ Medical Nutrition Therapy (CKD Nutrition education and counseling, meal planning, food label reading)
- ☐ Behavioral Health (Health coaching, Patient Engagement, BH Therapy, Counseling)
- ☐ Other (please describe):

***SPECIFY PATIENT'S NEEDS:**

- ☐ Demographics, ID/Insurance Card, and Clinical Profile
- ☐ Last Progress Note with Medication List
- ☐ Nephrology Consult Note and/or Discharge Summary
- ☐ Renal imaging results if available (US/CT)
- ☐ Labs (please include 1-2 years of eGFR and serum creatinine values, if available)

Referring provider's preferred mode of communication/feedback: ☐ Fax ☐ Elation