The Referring Clinician Faxback Form has been designed to facilitate communication of medical information and reason for referral between the nephrologist’s office and the referring clinician’s office. It is meant to enhance and be incorporated into the existing referral process, and to promote continuity of care and co-management. The form provides the referring clinician with immediate notice that the patient has a scheduled appointment along with an efficient mechanism to communicate any concerns about the appointment. It also makes explicit the reason for referral and helps avert duplication of tests.

How this works:

1. Call comes in from referring clinician’s office or from patient to nephrologist’s office
2. Patient is given appointment date/time
3. This fax is sent to referring clinician’s office detailing appointment date and requesting certain clinical information
4. Form is “faxed back” to nephrologist’s office by referring clinician’s office with information attached and clarifying reason for referral

Two options are provided for the referring clinician to choose from:

- For opinion only
  I will manage this patient with nephrology consults as necessary
- To develop a CKD co-management plan
  We will manage this patient together

**Pointers for effective use of this tool:**

The office staff should be aware of the value of this faxback form and how it works to improve efficiency and communication. It is helpful to have someone assigned to send/receive and process this form in both the nephrologist’s and referring clinician’s office.

This tool may be customized. For example: it is possible to insert your clinic stamp, or use your fax header for this form.
Dear ____________________________,

Thank you for referring your patient, ____________________________, for a nephrology consult. Your patient has been given an appointment on ___/___/____. If this time frame is not what you consider best, please let me know.

The following set of results will be beneficial to have in hand for your patient’s evaluation and will help us avoid duplicating tests – if available, please fax to my office prior to the consult visit.

1. CBC
2. Serum creatinine (if available, prior results as well as current)
3. Electrolytes, bicarbonate, BUN, calcium, phosphorus, glucose, albumin, lipid profile
4. Urinalysis
5. Renal ultrasound report (if available, other kidney imaging studies)

Thanks again. I look forward to seeing your patient.

Date: ____________________________

To: ____________________________ From: ____________________________

Fax: ____________________________ Fax: ____________________________

Phone: ____________________________ Phone: ____________________________