NORTHWEST Kidney Centers

Referral Form for CKD Services

Date _____ / _____ / _____
Month Day Year

Patient Name _____ **DOB** _____ / _____ / _____
Month Day Year

Physician _____

Interpreter needed? ☐ Yes ☐ No If yes, language: _____

Referring patient for: (check all that apply and fax this form with items listed below)

- ☐ **Choices** dialysis modality class
- ☐ **Eating Well, Living Well** nutrition class

Additional information (ex. needs individual session, specific notes for educator, etc.)**:**

_____

_____

_____

_____

Information needed for CKD services:

- Patient demographic sheet
- Recent clinic note
- Recent labs

Fax this completed form and records to (206) 292-2163