**NKC PROVIDER Kidney Palliative Care Referral Form**

**Please fill out and email to** **palliativecare@nwkidney.org** **or fax to 206.720.3705**

Name: Birthdate or age:

Kidney Center Unit: Nephrologist:

Referral Urgency: Patient/Family aware of referral:

( ) Urgent (today/tomorrow) ( ) Yes

( ) Time Sensitive (within 1 week) ( ) No

( ) Typical Response Time (up to 2 weeks)

Reason for consult:

[  ] Goals of care

[  ] Advance care planning

[  ] Symptom management in a seriously ill patient.

{  }Pain – Does this patient have chronic non-malignant pain or opioid use disorder?

( )Yes ( )No \*Answer required

{  }Dyspnea

{  }Nausea

{  }Other*:*

[  ] Coping with serious illness

[  ] End of life planning

[  ] Grief or existential distress

[  ] Hospice referral

 ( ) **Choosing to stop dialysis now – URGENT REFERRAL**

 ( ) Consider hospice with concurrent dialysis

Estimated prognosis (required field, check one):

[ ] < 6 months

[ ]< 1 year

[ ]> 1 year -- If checked, please give estimate range (eg 1-3 years):

Functional status:

[  ] Fully independent

[  ] Mild frailty (requires help with finances, transportation, heavy housework, medications)

[  ] Moderately frail (requires help with stairs, bathing, and may need help with dressing)

[  ] Severely frail (Completely dependent for all personal care whether due to physical or cognitive limitations; completely confined to bed or chair)

Cognitive/Communication:

( ) Dementia or other memory issues

( ) Language/need for interpreter

( ) Hearing or vision impaired

( ) Developmentally disabled

( ) Consideration for trauma history

LNOK/DPOA or other persons who should be involved:

*Any additional information it may be helpful for us to know as we approach this patient and family*:

Thank you!

~Your Kidney Palliative Care Team – Daniel Lam MD, Megan Nolan RN, Jennifer Christophel Lichti LICSW