

Referral Form for CKD Services

Date _____ / _____ / _____
Month Day Year

Physician _____

Patient Name _____

DOB _____ / _____ / _____
Month Day Year

Interpreter needed? Yes No If yes, language: _____

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

- Choices** modality education
- Eating Well, Living Well** nutrition education
- Next Step HHD** (for CKD pts who have attended Choices or existing dialysis patients)
- Next Step PD** (for CKD pts who have attended Choices or existing dialysis patients)

Additional information (ex. 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**

Selecting the best education for your patient for their CKD journey—

- **Eating Well, Living Well** nutrition and **Choices** modality education are for CKD Stages 2-5.
 - Eating Well provides healthy lifestyle education to slow progression of CKD and optimize cardiovascular health by helping patients learn to manage what they can eat, stay active and achieve their optimal weight
 - Choices education reviews kidney disease basics, all treatment options, discusses planning and preparing, reduces fears, addresses barriers, and helps patients feel in better control of their health to maximize outcomes and quality of life
- **Next Step** education is for pre-dialysis patients who have attended Choices or dialysis patients to review specific options such as home hemodialysis (HHD) and peritoneal dialysis (PD).