

NKC Kidney Palliative Care Referral Form

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

Name of person placing referral & contact info: _____

Patient Name: _____ Birthdate or age: _____

Kidney Center Unit: _____ Nephrologist: _____

Referral Urgency:

- () Urgent (within 1 week) **CALL 206.720.8676 or 206.720.8675** in addition to sending form.
() Typical Response Time (4-12 weeks – waitlist dependent)

Nephrologist/APP was notified by:

- POC/CIA call
- MD/APP request or order
- email
- fax
- verbal conversation
- other

Name of person who discussed KPC referral with patient/family

LNOK/DPOA or other persons who should be involved:

Reason for consult:

- Goals of care
- Advance care planning
- Symptom management recommendations ****Contact patient's MD/APP for urgent symptom crisis****
 - { }Pain { }Dyspnea { }Nausea { }Other:
- Coping with serious illness
- End of life planning
- Grief or existential distress
- Concurrent Hospice with dialysis referral – **URGENT REFERRAL**
- Considering stopping dialysis *without necessary support in place* – **URGENT REFERRAL**

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
- Other _____

Estimated Prognosis (if available from MD/APP):

- < 6 months
- < 1 year
- 1-2 years
- > 2 years

Description of current situation and reason for referral:

Please Call 206.720.8676 or 206.720.8675 with questions. Thank you!
~Your Kidney Palliative Care Team – Daniel Lam MD, Megan Nolan RN, Jennifer Christophel Lichti LICSW