

Acute Kidney Injury (AKI) Follow-up Clinic Referral Form

Date of Referral: _____

Staff MD/NP: _____

Referral Source:

- Internal medicine
- CV surgery
- Cardiology
- Nephrology
- Other: _____

Dialysis required: Yes No
If Yes: CRRT SLED IHD Unknown

ICU stay: Yes No

Nephrology consults involved: Yes No

Does patient have an outpatient nephrologist: Yes No

Baseline creatinine: _____ or unknown

Expected date of hospital discharge: _____

Additional details:

Fax consultation request to—416-867-3709
AKI clinic secretary—416-867-7460 (ext. 8209)

All AKI clinics are held on 61 Queen Street, 9th floor. The target appointment date is within 30 days of hospital discharge, unless otherwise requested