

Patient Information

Please fax to the BC Kidney Genetics Clinic at (604) 806-9653

Referring Physician:  
Fax:

Phone:

Recommended care setting:  In-person at St. Paul's hospital in Vancouver  Virtual Video Visit

Referral Urgency:  Urgent, within 3 months. Reason:  Routine

Indication for referral:

General Phenotype	Specific Testing Reason
Cystic or congenital kidney disease	<input type="checkbox"/> CAKUT <input type="checkbox"/> Nephronophthisis <input type="checkbox"/> Other, please specify:
Glomerular disease	<input type="checkbox"/> Onset less than 35 years old
	<input type="checkbox"/> Steroid or multi-drug resistant nephrotic syndrome
	<input type="checkbox"/> FSGS with African Ancestry
	<input type="checkbox"/> Family history of glomerular disease
CKD of unknown etiology	<input type="checkbox"/> C3G, aHUS, IC-MPGN
	<input type="checkbox"/> CKD of unknown etiology
Tubular disorders	<input type="checkbox"/> ADTKD
	<input type="checkbox"/> Bartter <input type="checkbox"/> Gittelman <input type="checkbox"/> Fanconi Syndrome
	<input type="checkbox"/> Distal RTA without a clear cause
	<input type="checkbox"/> Hypocalciuric hypercalcemia
	<input type="checkbox"/> Unexplained non-PTH driven hypercalcemia
Recurrent kidney stones with a family history	<input type="checkbox"/> Familial Hypertension
	<input type="checkbox"/> Recurrent kidney stones with a family history
Extra-renal features concerning for a systemic diagnosis:	Nail-patella syndrome, cognitive delay, congenital heart disease, seizure disorders, hearing loss, ocular abnormalities <input type="checkbox"/> Please specify:
Pre-transplant if the results would alter donor or recipient care	<input type="checkbox"/> Pre-transplant if the results would alter donor or recipient care
Consanguineous parents	<input type="checkbox"/> Consanguineous parents
Family history of kidney disease	<input type="checkbox"/> Positive family history
Onset of kidney failure less than 50 years old	<input type="checkbox"/> Onset of kidney failure less than 50 years old
Other reason	<input type="checkbox"/> Please specify:

Translator required:  No  Yes, they will bring someone to translate  
 Yes, clinic to arrange translator, language:

Please include the following:

Office consultation and most recent visit dictation OR a summary of their case

Any other relevant investigations