Form A

MEDICAL REFERRAL FORM

A. Personal Information of Patient

Name: _____

IC No.: _____ **Tel. No.** _____

Address: _____

Dialysis Centre/Hospital: _____

B. **Medical Condition:**

i) _____ ii) _____

iii) _____ iv) _____

v) _____ vi) _____

Hepatitis Status:

1. HBsAg : ☐ Positive ☐ Negative
2. Anti HBS : ☐ Positive ☐ Negative
3. Anti HCV : ☐ Positive ☐ Negative
4. HIV : ☐ Positive ☐ Negative

Allergies : _____

C. Anaemic Status:

Hb: _____ **Date:** _____

Iron Saturation : _____ **Date:** _____

D. ESA Prescription @ NKF per month:

☐ Mircera 50 mcg. ☐ Mircera 100 mcg. ☐ Mircera 120 mcg. ☐ Mircera 150 mcg.

Prescription:

National Kidney Foundation of Malaysia

Nama :	R_x S/N:
No. K/P:	
Umur:	
Tarikh :	
Penyakit :	Consultant Physician and Nephrologist

E. Other Comments:

_____

_____

Name of Nephrologist: _____ **Signature:** _____

Chop: **Date:** _____