

Kindly call or email for appointment date:

NKF Chronic Kidney Disease (CKD) Education Centre Referral Form

Attention to: Matron Noriah/Ms Kher, National Kidney Foundation

Phone: NKF, Ipoh: 05-3215921/05-3211120 (Sister Tam/Staff Nurse Salwa)
NKF, PJ: 03-79549048 (Nelly/Pn Husna)

Email: ckdclinic@nkf.org.my

Patient's particulars	Referring doctor
Name:	Name:
IC number:	Clinic:
Phone number:	Phone number:

Medical histories	Please <input type="checkbox"/>	Indication(s) for referral (can choose more than one)	Please <input type="checkbox"/>
Hypertension		Uncontrolled HTN	
Diabetes mellitus		Uncontrolled DM	
Ischaemic heart disease		Lifestyle and dietary counselling	
Glomerulonephritis / SLE		Renal replacement therapy (RRT) / dialysis counselling	
Dyslipidemia		Others:	
Gout			
Others:			

Blood results:

Se creatinine: _____

eGFR: _____

Glucose: _____ (FBS / RBS)

Hb A1c: _____

Se albumin: _____

Haemoglobin: _____

Medications:

Please attach with blood investigation results if available