

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, Selayang: 03-61371884/61270791(Sister Amy)

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

Pusat Dialisis NKF – Rotary Damansara (location available in Google Map & Waze)

Address: No 30 – 32, Ground Floor, Jalan PS 9, Taman Prima Selayang, 68100 Batu Caves, Selangor.