

**Date:** [Date]

**To:** [Referring Physician Name]

**Address:** [Referring Physician Address]

**RE:** [Patient Name]

**DOB:** [Patient Date of Birth]

**Date of Consultation:** [Date of Visit]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for a nephrology consultation regarding Chronic Kidney Disease (CKD) Stage [Stage].

**Chief Complaint:** Evaluation of decreased GFR and [Other Symptoms].

**History of Present Illness:**

The patient is a [Age]-year-old [Gender] with a history of [Comorbidities, e.g., Hypertension, Diabetes]. Recent laboratory results dated [Date] showed a Serum Creatinine of [Value] and an estimated GFR of [Value] mL/min/1.73m<sup>2</sup>.

**Relevant Past Medical History:**

[List Medical History]

**Medications:**

[List Current Medications]

**Physical Examination:**

**BP:** [Blood Pressure] | **Weight:** [Weight]

**General:** [Findings]

**Cardiovascular:** [Findings]

**Edema:** [Scale 1-4+]

**Assessment:**

1. Chronic Kidney Disease, Stage [Stage]
2. Etiology: [Suspected Cause, e.g., Diabetic Nephropathy]
3. [Other Diagnosis]

**Plan:**

- **Laboratory:** Ordered CBC, BMP, PTH, Vitamin D, and Urine Protein/Creatinine Ratio.
- **Imaging:** [e.g., Renal Ultrasound ordered].
- **Medication Changes:** [e.g., Started ACE inhibitor/ARB, adjusted diuretics].
- **Education:** Discussed diet (low sodium, protein moderation) and avoidance of NSAIDs.
- **Follow-up:** The patient will return in [Timeframe] for repeat labs and review.

Thank you for the opportunity to participate in the care of this patient.

Sincerely,

[Your Name, MD/DO]

[Practice Name]