

Date: [Date]
Referring Physician: [Physician Name]
Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Reason for Consultation: Evaluation and management of Chronic Kidney Disease (CKD).

History of Present Illness:

[Patient Name] is a [Age]-year-old [Gender] referred for evaluation of decreased kidney function. The patient's current CKD Stage is [Stage]. Relevant symptoms include [fatigue/edema/poor growth/none]. Blood pressure at today's visit was [BP Reading].

Past Medical/Surgical History:

[History of UTIs, congenital anomalies of the kidney and urinary tract (CAKUT), or systemic diseases].

Physical Examination:

Weight: [Weight] ([Percentile]) | **Height:** [Height] ([Percentile])

General: [Description]

Cardiovascular: [Description]

Respiratory: [Description]

Abdomen: [Description]

Extremities: [Presence/Absence of Edema]

Laboratory and Imaging Review:

Serum Creatinine: [Value]

Estimated GFR: [Value] ml/min/1.73m

Electrolytes: [K, HCO₃, Ca, Phos, PTH values]

Urinalysis/UACR: [Proteinuria/Hematuria findings]

Renal Ultrasound: [Findings]

Assessment and Plan:

1. **CKD Management:** [Plan for monitoring GFR and blood pressure targets].
2. **Metabolic Management:** [Plan for bone mineral density, anemia, and electrolyte balance].
3. **Nutrition/Growth:** [Dietary restrictions or caloric supplementation recommendations].
4. **Medications:** [Additions or adjustments to ACE inhibitors/ARBs, binders, or supplements].
5. **Follow-up:** [Timeline for next visit and repeat labs].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
Pediatric Nephrology