

**Date:** [Date]  
**To:** [Referring Physician Name]  
**From:** [Nephrologist Name]  
**Re:** Geriatric Nephrology Consultation

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

**Reason for Consultation:** Evaluation of Chronic Kidney Disease (CKD) Stage [Stage] and age-related renal management.

**History of Present Illness:**

[Patient Name] is a [Age]-year-old patient with a history of [Comorbidities: Hypertension, Diabetes, etc.]. Current eGFR is [Value] with a serum creatinine of [Value].

**Geriatric Assessment:**

**Functional Status:** [Independent/ADL Assistance/Mobility Status]  
**Cognitive Status:** [Intact/Mild Impairment/Dementia]  
**Frailty Score:** [Score/Category]  
**Medication Review:** [Polypharmacy concerns or nephrotoxic agents]

**Physical Examination:**

**Blood Pressure:** [BP] | **Weight:** [Weight]  
**Edema:** [None/Pitting/Location]  
**Cardiovascular:** [Findings]

**Laboratory and Diagnostic Data:**

**Urine Albumin/Creatinine Ratio:** [Value]  
**Electrolytes:** [K, Na, CO2, Ca, Phos]  
**Imaging:** [Renal Ultrasound results if applicable]

**Assessment and Plan:**

- CKD Management:** [Diagnosis and Etiology]. Goal is to focus on quality of life and symptom management.
- Medication Adjustment:** [Dose reductions or discontinuations].
- Blood Pressure Goal:** [Target BP considering falls risk].
- Advance Care Planning:** [Discussion regarding dialysis vs. conservative management].
- Follow-up:** [Timeline for next visit].

Thank you for the referral.

Sincerely,  
[Signature]  
[Nephrologist Name/Contact Information]