

Date: [Date]
To: [Recipient Name/Specialist Name]
From: [Referring Provider Name]
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Subject: Consultation for Diabetic Nephropathy and Chronic Kidney Disease (CKD)

Dear Dr. [Recipient Last Name],

I am referring this patient for a formal nephrology consultation regarding the management of Chronic Kidney Disease (CKD) secondary to Diabetes Mellitus.

Clinical History:

The patient has a history of [Type 1/Type 2] Diabetes Mellitus diagnosed in [Year]. Current glycemic control is [Good/Poor] with a most recent HbA1c of [Value]% on [Date].

Current Laboratory Data:

- Serum Creatinine: [Value] mg/dL
- Estimated GFR: [Value] mL/min/1.73m²
- Urine Albumin-to-Creatinine Ratio (UACR): [Value] mg/g
- Potassium: [Value] mEq/L
- Blood Pressure: [Value] mmHg

Comorbidities:

[List comorbidities such as Hypertension, Retinopathy, Peripheral Vascular Disease, etc.]

Current Medications:

[List relevant medications including ACEi/ARBs, SGLT2 inhibitors, GLP-1 agonists, and diuretics.]

Reason for Referral:

- Evaluation of CKD Stage [Stage] progression.
- Management of albuminuria/proteinuria.
- Optimization of blood pressure and renal protective therapies.
- Evaluation for potential complications (Anemia, Mineral Bone Disorder).
- [Optional: Preparation for Renal Replacement Therapy/Transplant evaluation.]

Thank you for your assistance in the co-management of this patient. Please provide a copy of your consultation report and recommendations.

Sincerely,

[Signature]

[Referring Provider Name]

[Practice Name]

[Contact Information]