

**Date:** [Date]

**To:** [Referring Physician Name]

**Address:** [Clinic Address]

**RE:** [Patient Name]

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

**MRN:** [Medical Record Number]

Dear Dr. [Physician Last Name],

Thank you for referring [Patient Name] for evaluation of hypertension and Chronic Kidney Disease (CKD).

**Reason for Consultation:** Evaluation of Stage [Number] CKD and management of hypertension.

**Clinical History:**

The patient is a [Age]-year-old with a history of hypertension for [Number] years. Current blood pressure readings average [BP Reading]. Recent laboratory results show a Serum Creatinine of [Value] and an estimated GFR of [Value] mL/min/1.73m<sup>2</sup>.

**Relevant Findings:**

- **Urinalysis:** [Proteinuria/Hematuria status]
- **Imaging:** [Ultrasound results, if applicable]
- **Physical Exam:** [Edema status, cardiovascular findings]

**Assessment:**

1. Chronic Kidney Disease, Stage [Number], likely secondary to hypertensive nephrosclerosis.
2. Essential Hypertension, [Controlled/Uncontrolled].

**Plan and Recommendations:**

1. **Blood Pressure Target:** Goal less than [Target BP, e.g., 130/80].
2. **Medications:** Start/Adjust [Medication Name and Dosage].
3. **Laboratory Monitoring:** Repeat BMP and Renal Panel in [Time Frame].
4. **Dietary Modification:** Low sodium and [Protein/Potassium] restriction as discussed.
5. **Follow-up:** The patient will return to my clinic in [Number] months.

I appreciate the opportunity to participate in this patient's care. Please feel free to contact me with any questions.

Sincerely,

[Consulting Nephrologist Name], MD  
[Practice Name]