## This patient has end stage kidney disease and has chosen conservative kidney management (including no dialysis).

### **Reason(s) for referral (check all that apply):**

* End of life planning
* Potential prognosis of less than 6-12 months or a GFR less than 10
* Environmental assessment/equipment needs
* Requiring increased assistance with ADLs
* Concerns regarding medication adherence
* Concerns regarding caregiver burnout (add additional notes)
* Complex psychosocial needs (add additional notes)
* Cognitive decline
* Recent hospitalizations/EMS activation
* Recent fall(s)
* Symptom management (see below)
* Other (Circle or add: Wounds, Oxygen, Cather): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Goals of Care Designation signed and in the client’s home?** \_\_\_\_\_(y/n) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Symptoms (check all that apply):**

* Breathlessness
* Edema
* Pain
* Restless Legs/Pruritus/Sleep concerns
* Nausea/Vomiting
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Patient’s general condition:**

* Stable
* Slowly deteriorating
* Rapidly declining

**Family doctor** (include phone and fax number if available):

**Direct any future correspondence to the patient’s family doctor or primary healthcare provider.**

* Consider this patient for the palliative homecare team (where available)
* Contact the patient’s CKD Clinic case manager for further information if necessary (insert name & contact number)
* Follow up directly with patient and family as per the regular process