

# INDIANA NEPHROLOGY & INTERNAL MEDICINE, P.C.

## NEW PATIENT REFERRAL FORM

Date \_\_\_\_\_

Referring Physician \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

To make a referral, please complete the following form and fax to the appropriate INIM office. We will contact your patient to schedule an appointment, and we will notify you of the date and time. Please fax demographic information, insurance referral authorization (if required), medication list, problem list, last 2-3 office notes, last 2 years of lab work, and any radiology reports pertaining to the kidney.

### **Preferred Office Location:**

Carmel (West Indianapolis)

Office Fax: 317-663-6405

East (Fishers, Shelbyville, Greenfield, South Indianapolis)

Office Fax: 317-353-2389

Kokomo

Office Fax: 765-453-6889

Noblesville (Elwood)

Office Fax: 317-770-8910

North

Office Fax: 317-876-5580

Richmond (Connersville)

Office Fax: 765-962-4735

### **Patient Information:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Reason for referral:**

Acute Renal Failure

Hypertension

Chronic Kidney Disease

Nephrotic Syndrome / Proteinuria

Hyponatremia

Polycystic Kidney Disease

Hematuria / Proteinuria

Renal Artery Stenosis

Kidney Stones

Other \_\_\_\_\_

If your patient has a more urgent problem and needs to be seen sooner, or if the patient is pregnant, please explain:

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