

Referral Letter

Pharmacy name:

Pharmacy address:

Pharmacy phone number:

Pharmacy email address:

Pharmacy fax number:

Pharmacy logo/stamp:

Date: / /

Dear Dr

My name is and I am a local pharmacist. Our pharmacy is involved in chronic kidney disease (CKD) awareness, whereby we are identifying pharmacy patients potentially living with undiagnosed CKD or those at risk of developing the disease in the future. As part of this initiative we are especially focused on high-risk patients (e.g. those with diabetes, hypertension or heart disease), and we are asking them to follow up with their doctors for further advice and screening if considered advisable.

This letter is in regard to a recent discussion I had with our mutual patient, after conducting a review of their current medication and their health history:

Patient's full name:

Patient's DOB: / /

Patient's address (optional):

Due to the outlined assessment of risk factors for CKD (page 2), they may benefit from kidney function testing for early detection of CKD (i.e. blood serum creatinine and/or albuminuria).

I have shared a leaflet with the patient, with an explanation of CKD and why I conducted an assessment, and will follow up with the patient in (weeks/months) as required.

Thank you for your consideration and please do not hesitate to reach out to me directly if you require any additional clarification. I look forward to hearing from you.

Sincerely,

Your patient care partner

Pharmacist name:

Designations:

