

CONSULTATION FORM

DATE
PATIENT
DOB
HSC NO.

Consult Service:

Level of Urgency:

- *Emergent
- Urgent
- Routine

Reasons for Consultation:

- Clinical Question
- Transfer of Care
- Education and Care
- Procedure Requested
- Outpatient Follow Up
- Mandatory

* Requires Attending to Attending (or designate) phone call

Key Features Relevant to Question:

Specific Question(s):

Requested By: Date & Time:

Notification: Individual Notified:

- Paged Date & Time:
- Faxed Date & Time:

Notified By:

- Message Left Date & Time:
- Form Mailed Date & Time:

Consultant Responded: Yes No Date & Time:

Patient Notified of Consult: Yes No Patient's Telephone Number: *(for outpatient use)*

Consultant's Response - Key Features:

Response to Question(s):

Recommendations:

Renal Diagnostic Codes Checklist *(Check all that apply)*

- AKI due to pre-renal/hypovolemia
- AKI due to distributive shock (sepsis)
- AKI due to distributive shock (not sepsis)
- AKI due to hepatorenal syndrome
- AKI due to cardiorenal syndrome
- AKI - Contrast-induced
- AKI - drug-induced (e.g. NSAIDs, Aminoglycosides, Vancomycin)
- AKI due to endogenous toxin (e.g. Myoglobin, Hemoglobin, paraprotein)
- AKI due to exogenous toxin exposure
- AKI postop, Not Otherwise Stated
- AKI due to Thrombotic Microangiopathy/vascular event
- AKI due to Acute Glomerulonephritis
- AKI due to acute Interstitial Nephritis
- AKI due to urinary obstruction
- End Stage Renal Disease (ESRD) - On Continuous Renal Replacement Therapy (CRRT)
- End Stage Renal Disease (ESRD) - On Intermittent Hemodialysis (IHD)
- Drug Overdose CRRT - No AKI (removal of drug only)
- Fluid reduction without AKI or ESRD

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Will follow Yes No Will take over in-hospital care Yes No Will see as outpatient Yes No

Consultant's Signature: Date & Time:

Billing Code: