



ADPKD Referral Form

Dr. Jordan Weinstein
61 Queen St East 9th Floor
Toronto, Ontario
M3B 1P8

Patient demographics

Patient first name _____ Patient last name _____
Patient birth date ___ / ___ / ___ Health card number _____
Patient age ___ Patient gender M F Patient phone number (____) ___ - _____

Referring physician information

Referring physician first name _____ Referring physician last name _____
Referring physician phone (____) ___ - _____
Referring physician fax (____) ___ - _____ Referring physician billing number _____

Patient clinical information

Last know eGFR ___ ml/min

Family history of ADPKD Yes No

Family history of dialysis or transplant Yes No If yes, at what age? _____

Other conditions:

Cyst hemorrhage Diabetes Proteinuria Recurrent
Recurrent UTI Hypertension Kidney Stones Brain aneurysm

Including ultrasound or MRI No Yes, attached

Current ADPKD therapy:

None Antihypertensives Tolvaptan Water therapy