



NATIONAL KIDNEY FOUNDATION®

of Hawaii

+Health Clinic

Take the First Step Toward Sustainable **Kidney Health**

WHAT WE OFFER:



Individual care and nutrition plans



Sustainable medication management



Chronic illness medical services



Medical and nutritional education and counseling



Support and coaching to live a healthy lifestyle

- ✓ Get personalized, one-on-one care from our Board Certified Nurse Practitioner and Registered Dietician.
- ✓ Telehealth and in-person appointments available.
- ✓ Covered by most medical insurance plans.

Start your journey to better health **today!**

Please have your physician fill out the referral on the back of this flyer and fax to **(844) 763-3215**.

Stacey Breshears
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Honolulu, HI 96814

Phone: 808.589.5900
Fax: 844.763.3215

Email: NKFHHHealthClinic@kidneyhi.org

kidneyhi.org



Provider Referral Form

Thank you very much for referring your patient to our Health Clinic. We are here to support you and your patient by empowering them to better manage their diabetes to prevent kidney disease.

Please complete and FAX this form to **(844) 763-3215** with a legible copy of both sides of insurance card, Patient's current medical history, office notes, current medication list, and copies of current labs including metabolic panel, CBC, HbA1c, glucose tolerance test, urine microalbumin, and lipid panel. Any questions call **(808) 589-5900**.

REQUEST MANAGEMENT IN:

- Medical Nutrition Therapy Medical Management and Education
- Kidney Care (CKD 2-4) Kidney Option for Patient Empowerment (CKD 3-4) Choosing Treatment Options (CKD 5)
- Diabetes Prevention Program (Prediabetes Patients) Diabetes Self-Management Program (Diabetes Patients)
- Eating Smart for Your Kidneys Program Knock Out Gout Program Better Choices Better Health Program

PATIENT INFORMATION:

Patient Name: _____ Date of Birth: _____ / _____ / _____

Insurance: _____ PPO HMO Subscriber #: _____

Home Phone: _____ Cell Phone: _____

Gender: Male Female Address: _____

Primary Language: _____ Disabilities: _____

DIAGNOSIS (Unable to Provide Services Without Diagnosis):

- R73.09 Prediabetes
- E10.9 T1DM Controlled
- E11.9 T2DM Controlled
- E11.65 T2DM Uncontrolled
- E11.22 Diabetic Nephropathy
- E78.5 Hyperlipidemia
- I10 Hypertension
- M10 Gout

ADDITIONAL DIAGNOSIS:

- N18.1 CKD Stage I (GFR >90)
- N18.2 CKD Stage II (GFR 60-89)
- N18.31 CKD Stage 3a (GFR 45-59)
- N18.32 CKD Stage 3b (GFR 30-44)
- N18.4 CKD Stage IV (GFR 15-29)
- N18.5 CKD Stage V (GFR <15)
- E66.3 Overweight
- E66.09 Obesity
- E66.01 Morbid Obesity

I certify that it is medically appropriate to refer the above patient to the National Kidney Foundation of Hawaii Health Clinic for evaluation and treatment.

Physician Name (Print)

NPI

Phone

Physician Signature

Date

Fax

Office Contact Name

Phone Number

Referral Date