

NEPHROLOGY REFERRAL FORM

Henry L. Wehrum, D.O.
Rosemarie L. Shim, M.D.
Sachiko Arakawa, CNP
Tonya Johnson-Gilliam, CNP

Nephrology/Hypertension

Any patient with rapidly declining eGFR and/or signs of acute nephritis (oliguria, hematuria, acute hypertension, +/- edema) should be referred without delay.

Urgent referrals and advice should be made by contacting Dennison Renal Care, Inc by telephone.

Referring Provider: _____

Contact Person: _____ Phone: _____

- Referral to :
- Earliest Possible Appt
 - Henry L. Wehrum, DO
 - Rosemarie L. Shim, MD
 - Sachiko Arakawa, CNP

- Preferred Location:
- 985 W Third Ave, Columbus, OH 43212
 - 211 Stocksdale Dr, Lower Level, Marysville, OH 43040
 - 491 Coleman's Crossing Blvd, Marysville, OH 43040
 - 4500 W Broad St, Columbus, OH 43228

Patient Name: _____ DOB: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Insurance: _____ Insurance ID: _____

Insurance Group: _____

Reasons for referral (check all that apply):

Abnormal kidney function

- acute kidney injury (unexpected decline in kidney function)
- chronic kidney disease

Urinary Abnormalities

- proteinuria
- hematuria

Difficult to Control Hypertension

Other _____

Please include past and current labs, urinalysis, renal ultrasound, and current a medication list. Thank you.

985 West Third Avenue
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DENNISON
RENAL CARE, INC.

