



of Hawaii

## **+Health Clinic**

## Take the First Step Toward Sustainable Kidney Health

## WHAT WE OFFER:



Individual care and nutrition plans



Sustainable medication management



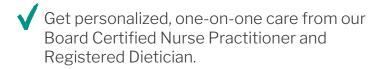
Chronic illness medical services



Medical and nutritional education and counseling



Support and coaching to live a healthy lifestyle



▼ 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** MS, RD, LD, CDCES

1314 S King Street Suite #1555 Honolulu, HI 96814

Phone: 808.589.5900 Fax: 844.763.3215

Email: NKFHHealthClinic@kidneyhi.org

kidneyhi.org





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**.

☐ Medical Nutrition Therapy       ☐ Medical Management and Education         ☐ Kidney Care (CKD 2-4)       ☐ Kidney Option for Patient Empowerment (CKD 3-4)       ☐ Choosing Treatment Options (CKD ☐ Diabetes Prevention Program (Prediabetes Patients)         ☐ 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:       ☐ Date of Birth:       ☐ ☐ ☐
☐ 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:
☐ 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):  ADDITIONAL DIAGNOSIS:
□ R73.09 Prediabetes □ N18.1 CKD Stage I (GFR >90)
☐ E10.9 T1DM Controlled ☐ N18.2 CKD Stage II (GFR 60-89)
☐ E11.9 T2DM Controlled ☐ N18.31 CKD Stage 3a (GFR 45-59)
☐ E11.65 T2DM Uncontrolled ☐ N18.32 CKD Stage 3b (GFR 30-44)
☐ E11.22 Diabetic Nephropathy ☐ N18.4 CKD Stage IV (GFR 15-29)
□ N18.5 CKD Stage V (GFR <15)
☐ E66.3 Overweight ☐ I10 Hypertension ☐ E66.09 Obesity
☐ M10 Gout ☐ 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

Phone Number

Referral Date

Office Contact Name