

NUH Fetal Kidney Clinic Referral Form

Fax this form to: **+65-6776 2102** or email to: **Clinic_A_SN@nuhs.edu.sg**. Tel: **+65-6772 4454**. We will contact the parents regarding appointment date and time. Please ensure contact details are properly filled in. For enquiries, please call **+65-772 4411** or email ckc@nuhs.edu.sg.

Mothers need to bring all scan reports when attending this clinic.

Details of Mother

Name : _____
 NRIC / FIN : _____
 Date of birth : _____
 Contact number : _____
 Email address : _____
 Current gestational week : _____ EDD: _____

Or paste Mother's sticker here

Details of Obstetrician

Name : _____
 Institution : NUH / Others, specify: _____
 Contact no. (non-NUH doctors) : _____

Anomalies detected on latest prenatal scans

Date of scan : _____
 Gestational week at scan : _____

Right Kidney

Renal length : _____ mm
 AP diameter (renal pelvis) : _____ mm
 APD increasing on serial scans : No / Yes / NA
 Echogenicity : Normal/ echogenic
 Renal cortex : Normal / thinning*
 Ureter : Not seen / dilated*
 Ureterocele : Not seen / seen*

Left Kidney

Renal length : _____ mm
 AP diameter (renal pelvis) : _____ mm
 APD increasing on serial scans : No / Yes / NA
 Echogenicity : Normal/ echogenic
 Renal cortex : Normal / thinning*
 Ureter : Not seen / dilated*
 Ureterocele : Not seen / seen*

Bladder : Normal / distended*/ not sure
 Bladder wall : Normal / thickened* / not sure
 Oligohydramnios : No / Yes* / not sure. AFI: _____
 Fetal growth : Normal / retarded* / others*
 Other non-renal anomalies : No / Yes*
 Genetic* / chromosomal* testing : Normal / abnormal* / pending / not done

For those marked with *, you may specify details here.

You may add in any other details you think we should know. For multiple births, you may use more than one form.

For Staff use:

Date received:	Renal Dr name/date/time:	Patient informed of appt by Nurse:	Renal Dr informed of appt:
Screening Renal Dr:	Surgeon name/date/time:	Date: Mode: phone / email / others	