

### 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](mailto: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	