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Western Kentucky
Kidney Specialists

Shaukat Ali, MD, FACP, FASN
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Joe Becker, APRN-BC, FNP-BC

New Patient Referral Form

Please complete this form in its entirety and along with all information needed listed below.
Please note that an appointment will not be scheduled until our office receives all information. Thank You!

Name: _____ DOB: ____/____/____
Social Security Number: _____ - _____ - _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____ (C): _____

Diagnosis/Reason for Referral: _____

Insurance Primary: _____ Secondary: _____

Referring Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____ Fax: _____

The following information is required and must be received for physician review and approval
before an appointment will be scheduled.

(A delay in receiving all information needed, will delay the patient getting an appointment)

- _____ Demographics & Copies of Insurance Card(s)
- _____ Current BMP or CMP (within the last 30 days)
- _____ All Labs within the last 12 months or last 3 visits
- _____ Last 3 Office Notes
- _____ List of Past Medical/Surgical History
- _____ Current Medication List
- _____ Any Abdominal/Renal Imaging
- _____ Any Echo

Date of Most Recent Creatinine Level: _____ Creatinine Level: _____

Where would the patient prefer to be scheduled? (Circle One)

PADUCAH / HOPKINSVILLE / MURRAY / PARIS

PLEASE REMIND PATIENT TO BRING IN THEIR INSURANCE CARD(S) AND ALL MEDICATIONS THEY ARE
CURRENTLY TAKING (INCLUDING OTC MEDS)

NEPHROLOGY OFFICE USE ONLY

Physician: ALI WILKERSON YOUSSEF

Date Referral Received: _____ Date Scheduled: _____

Appointment Date/Time: _____ Scheduled By: _____