

TRANSPLANT CANDIDATE REFERRAL FORM

PATIENT IS BEING REFERRED FOR (check one):

- KIDNEY TRANSPLANT KIDNEY/PANCREAS TRANSPLANT PANCREAS TRANSPLANT

In order to expedite your patient's referral process, we require the following information:

Referral Date:		Nephrologist/PCP:	
Patient Name:			
Address:			
City / State / Zip			
DOB:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	SS#:	
Home Phone:		Cell phone:	
Ethnic Group: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		U.S. Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Married - Spouse' Name:			
Employer:		Occupation:	
Please check what applies: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Retired <input type="checkbox"/> Disabled			
Insurance Name: <i>Send copy of Card</i>		Insurance ID#	
Subscriber:		Subscriber Employer:	
Medicare#:		Medicaid #:	
Cause of Renal Failure:			
Chronic Dialysis: <input type="checkbox"/> No <input type="checkbox"/> Yes, Type (Circle) HD / PD / Cycler		Date of First Dialysis (send copy of HCFA 2728)	
Dialysis Unit:		Scheduled Days/Time:	
Previous Transplant: <input type="checkbox"/> No <input type="checkbox"/> Yes Type: <input type="checkbox"/> Living Donor <input type="checkbox"/> Deceased Donor		List Date/Place of Previous Transplant/s:	

Please include the following medical records with your referral:

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| <input type="checkbox"/> Copy of insurance card(s) front & back
<input type="checkbox"/> History & Physical
<input type="checkbox"/> Progress Notes- (MD office and/or dialysis)
<input type="checkbox"/> Medical/Surgical Consultations
<input type="checkbox"/> Copy of HCFA 2728
<input type="checkbox"/> Compliance Report (missed treatments) | <input type="checkbox"/> Radiologic Exams- CXR, Kidney US, CT, VCUG-any other radiology reports
<input type="checkbox"/> Labs- current results (including serologies)
<input type="checkbox"/> Pathologies/kidney biopsies
<input type="checkbox"/> Social Worker Evaluations
<input type="checkbox"/> Cardiac testing- EKG, stress test, echo, heart cath |
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