

KIDNEY/PANCREAS TRANSPLANT REFERRAL FORM

Transplant referral for: KIDNEY KIDNEY/PANCREAS

Does patient have a potential Living Donor? Yes No

PLEASE ATTACH THE FOLLOWING ITEMS PRIOR TO FORWARDING THIS REFERRAL:

- Completed Referral Form
- Patient Demographics Sheet
- Copy of insurance cards front and back
- Complete History & Physical (within 12 months of referral date)**
- Medicare Form 2728 (if on dialysis)

Please also send the following clinical information from the past 12 months: Immunization history; results of Hepatitis B and Hepatitis C; ABO typing results; Medication list; any diagnostic studies, especially cardiac stress testing, cardiac catheterization, echocardiogram, radiological examinations, and renal biopsies. Updated pap smear, mammogram (>40 years old), colonoscopy (>50 years old).

PATIENT'S NAME: Last _____ First _____ MI _____

DOB: _____ Full SSN: _____ Race/Ethnicity: _____

Gender: Male Female Marital Status: S M D W

Referring Physician: _____ Phone: _____ Fax: _____

Patient is being referred for transplant evaluation due to diagnosis of: _____

Dialysis Information: Not on dialysis or Dialysis start date: _____ Dialysis Days: S M T W Th F S Home

Dialysis Mode: Hemo CAPD CCPD Shift: Morning, Afternoon, Evening, Night, Continuous

Dialysis Unit Name: _____ Phone: _____ Fax: _____

Medicare Provider # _____ NPI: _____

Address: _____

REQUIRED FOR PRE-SCREENING: Age: _____ Height (ft & in): _____ Weight (pounds): _____ BMI: _____

- History of malignancy? YES NO If yes, please explain: _____

- Active systemic infection? YES NO If yes, please explain: _____

- HIV? YES NO If yes, provide record of CD4 counts & HIV viral load (6 months)

PSYCH/SOCIAL HISTORY

Transportation:

- Never or rarely has difficulty with transportation to dialysis
- Misses treatments because of no transportation

Compliance:

- Takes medicines & completes dialysis as directed
- Misses medicines frequently
- Misses treatments: _____ times per month
- Signs off early from dialysis _____ times per month

Finances:

- Has difficulty making ends meet and cannot pay bills
- Has stopped taking medications before due to inability to pay

Special Needs:

- Blind Wheelchair Illiterate
- Prosthesis Walker Oxygen

UNIVERSITY OF ALABAMA AT BIRMINGHAM • KIDNEY & PANCREAS TRANSPLANT

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