

KIDNEY TRANSPLANT EVALUATION REFERRAL FORM

Required for ALL referrals:

- Referral for transplant has been discussed with the patient and patient acknowledges and consents to release and review of records.**
- Demographics sheet containing patient's name, address, phone numbers, date of birth, and insurance information. (If insurance information is not listed, please include front and back copies of the patient's insurance cards.)
- Admission history and physical from most recent hospitalization. (If patient has not been hospitalized within the past 3 years, a thorough office visit note from nephrologist or primary physician is acceptable.)
- Patient's height: _____ Circle: CM IN weight: _____ Circle: KG LBS
- If patient is **NOT** on dialysis, include labs reporting a GFR less than or equal to 25.

****Please fax this referral form and required documents to 616-685-8979.****

Patients currently on dialysis also require the following:

- Social work evaluation, current within the past 12 months.
- Treatment Adherence form.
- 2728 form.

****Referrals that do not contain all the required documents will not be processed.****

Listed below are items that will expedite the patient's evaluation, but are *NOT* required for referral processing :

- Immunization records.
- Renal ultrasound (done within the past 2 years).
- Health maintenance testing as applicable: colonoscopy, PSA blood test, PAP smear/pelvic exam, and/or mammogram.
- Cardiac records: office visit notes, consultations, stress test of any type, cardiac catheterization reports from the past 2 years.

Patient Name: _____ **Referring Physician:** _____
DOB: _____ **Primary Care Provider:** _____

Is this a first kidney transplant for this patient? YES NO **If no, transplant #** _____
Dialysis Center: _____ **Phone:** _____
Dialysis Days: _____ **Times:** _____ **Fax:** _____

Does this patient have cognitive impairments, literacy or memory concerns? YES NO
Comments: _____

Is English this patient's primary language? YES NO
If no, what is this patient's primary language _____
Does this patient need an interpreter? YES NO

Do you have any doubts or concerns about this patient's candidacy for transplant? (Our program will carefully review records included and retrieve more, if required. However, a "heads up" to possible problematic issues is helpful in streamlining the process for both the patient and our program.)

Thank you for your referral. We will contact the patient with the next steps.