

KIDNEY/PANCREAS PRE-TRANSPLANT REFERRAL FORM

UNIVERSITY OF ALABAMA AT BIRMINGHAM • KIDNEY & PANCREAS TRANSPLANT

JT 11th Floor • 625 19th Street South • 619 19th Street South • Birmingham, Alabama 35249

Phone: 205-975-9200 Option 1 • Fax: 205-975-9199

- Transplant referral for: KIDNEY KIDNEY/PANCREAS
- Does patient have a potential Living Donor? Yes No
- Is patient a U.S. citizen? Yes No

If not, please enter patient's phone number (minus area code): 99: _____

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 24 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 (≥45 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 6 months of infectious disease clinic notes, CD4 counts & HIV viral load.

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