

KIDNEY and Kidney Pancreas TRANSPLANT REFERRAL FORM

Referral type: <input type="radio"/> Kidney <input type="radio"/> Kidney Pancreas <input type="radio"/> Pancreas alone		
Referral Date		Source <input type="radio"/> Dialysis Unit <input type="radio"/> Physician's Office
Patient Demographics		
Last Name		First Name
Address		
City	State	Zip Code
Home Phone	Work Phone	Mobile Phone
DOB	Age	
Email		
Potential Living Donor Yes No		
Insurance		
Insurance Provider		Benefits Phone Number
Subscriber Name		Subscriber ID
Insurance Provider		Benefits Phone Number
Subscriber Name		Subscriber ID
Special Considerations		
Preferred Language		Interpreter Required <input type="radio"/> Yes <input type="radio"/> No
Communication Barriers (ex. Hearing Loss, Blindness)		
Medical History Primary diagnosis:		
Height	Weight	BMI
Dialysis Information		
<input type="radio"/> Not On Dialysis	<input type="radio"/> In-Center HD	<input type="radio"/> Home HD
<input type="radio"/> CAPD	<input type="radio"/> CCPD	Days
Dialysis Center		Time
Address		Facility Start Date
City		Dialysis Start Date
State	Zip Code	
Phone	Fax	
Provider Information		
Nephrologist		Address
Phone	Fax	Email
Renal Case Manager/Social Worker		
Phone	Fax	Email
Primary Care Physician		Address
Phone	Fax	Email
Required Additional Information		
Yes <input type="radio"/> No <input type="radio"/> Age equal to or greater than 75 years		
Yes <input type="radio"/> No <input type="radio"/> BMI equal to or greater than 40		
Yes <input type="radio"/> No <input type="radio"/> Active cigarette smoking		
Yes <input type="radio"/> No <input type="radio"/> Physical deconditioning requiring the use of a wheelchair, walker or scooter		
Yes <input type="radio"/> No <input type="radio"/> Advanced lung disease requiring home oxygen use		
Yes <input type="radio"/> No <input type="radio"/> Non-compliance with dialysis within the last 6 months		
Yes <input type="radio"/> No <input type="radio"/> Non-healing foot ulcer		

Required documents for referral processing:

- Referral form
- Copy of insurance cards (front and back)
- Copy of CMS 2728 Form
- Medication list
- Clinical documentation: H&P and other clinical as applicable
- If not on dialysis: recent labs with eGFR