

KIDNEY AND/OR PANCREAS TRANSPLANT REFERRAL FORM

Patient Information

Name (Last): _____ (First): _____ (Middle Initial): _____

Date of Birth: _____ Gender: Male Female Ht: _____ Wt: _____

Current mailing address: _____ City/St/Zip: _____

Phone #1: _____ Phone #2: _____

Blood type: A B O AB Unknown

Dialysis type: Hemodialysis Peritoneal dialysis N/A - not on dialysis

Dialysis Facility: _____ Days: M-W-F T-Th-S Shift: _____

Nephrologist: _____ I have discussed this referral with the patient's nephrologist

Required Clinical Information To Process This Referral

- Nephrologist's/PCP's H&P within 1 year
- Current list of medications
- Psychosocial concerns, if any
- Recent lab results (must include first GFR \leq 20 if not on dialysis)
- Two-page Medicare 2728 Form (if on dialysis)
- Legible *FRONT* and *BACK* copy of all insurance and prescription cards
- Patient to complete and sign the *Patient Health Questionnaire for Kidney/Pancreas Transplant Evaluation* form (submit w/ referral)

Referral form completed by: _____ Date: _____ Time: _____

FAX THIS FORM AND ABOVE ITEMS TO (808) 691-8896 OR MAIL TO: Queen's Transplant Center
550 S. Beretania Street, Suite 404
Honolulu, Hawaii 96813

For more information, visit www.queenstransplantcenter.org or call (808) 691-8897. Thank you for your referral!

..... *For Transplant Internal Use Only*.....

Date received: _____

By: _____

Date mailed letter: _____