



**FAX Referral Form to: 601-984-2962 or
MAIL to: University Transplant
2500 North State Street, Jackson, MS 39216**

Kidney Transplant Patient Referral Form

Patient Information: Sex: Male Female Race _____

Patient Name: _____ Phone _____ Address _____

Social Security #: _____ DOB: _____ Height: _____ Weight: _____ Dry Weight: _____

Kidney Kidney/Pancreas Liver/Kidney

Does your patient have diabetes? Yes No If yes, what age was patient diagnosed? _____ Does patient smoke? Yes No

Please make sure you include each of the items below when sending a referral:

- **2728 form (if patient is on dialysis effective 3/2011)**
- **Copy of ALL current insurance cards**
- **History & Physical (must be within 1 year of referral date)**
- **Labs results/TB skin test (must be within 1 year of referral date)**
- **Patient information fact sheet (demographic page)**
- **Dental clearance letter**
- **Medication list**
- **Any previous cardiac testing (EKG, Stress Test, ECHO, Cath, Chest X-ray, etc.) within the last year. Pap smear and mammogram for women 40 and older, unless strong family history.**

Referring Physician Information

Name: _____

Address: _____ City _____ State _____

Phone: _____ Fax: _____

NPI #: _____

Dialysis Information: PD Hemo Initial Start Date: _____ Not on Dialysis Dialysis Schedule: MWF TTS

Dialysis Unit Information

Unit Name: _____

Address: _____ City _____ State _____

Phone: _____ Fax: _____ Nurse: _____

Number of missed dialysis treatments within the past 3 months (not related to prior arrangements or a hospital admission): _____

Compliance, psychosocial, substance abuse problems/issues which you feel would negatively impact outcomes of kidney transplant or would be relevant to our evaluation: Yes No

If yes, please explain: _____

Signature of Referring MD or Representative: _____

Does the patient have a live donor? Yes No

If a kidney evaluation appointment is scheduled for a patient, the patient must have a support person (age 18 or older) to come in with them to the appointment.