Kidney / Pancreas Transplant Patient Referral Form

University Transplant

Check preferred clinic request: ◯ **Jackson** ◯ **Grenada** ◯ **Hattiesburg** ◯ **Biloxi**

Please complete the referral form in its entirety. If received without all information requested, or information is not legible, a letter of referral hold for 14 days will be sent to the patient, dialysis center, and referring provider. If requested information is not received in 30 days, the referral will be closed. The patient will be eligible for re-referral after 6 months. Send Kidney referrals to UMMC Fax number: 601-984-2962

Patient Name:_____DOB:_____Sex: Male ◯ Female ◯ Race: _____

Phone:_____Address:_____City:_____State:_____ZIP: _____

Social Security:_____-_____-_____Height: cm_____Weight: kg_____Dry Weight(kg): _____

Referred for: ◯ Kidney ◯ Kidney/Pancreas ◯ Liver/Kidney

Dialysis Information: ◯ *HD* ◯ *PD* ◯ *Not on dialysis* *Initial Start Date:*_____*HD Schedule:* ◯ *MWF* ◯ *TTS*

Does the patient have diabetes? ◯ No ◯ Yes If yes, what age was patient diagnosed? _____

Does the patient smoke? ◯ Yes ◯ No ◯ Unknown

Does the patient have a potential living donor? ◯ Yes ◯ No Has living donation been discussed with patient? ◯ Yes ◯ No

Does the patient have compliance, psychosocial, substance abuse problems/issues which you feel would negatively impact outcomes of kidney transplant or would be relevant to the evaluation: ◯ No ◯ Yes

If yes, explain: _____

Referring Physician Information

Name:_____ NPI# _____

Address:_____City:_____State:_____ZIP: _____

Phone:_____Fax: _____

Dialysis Unit Information

Unit Name: _____

Unit Address:_____City_____State_____ZIP _____

Phone:_____Fax: _____

Nurse (print): _____

Signature of referring provider or representative: _____

Required information for referral:

***CMS 2728 Form** ***Copy of Insurance card front and back**

***History and Physical - within the last 12 months** ***Patient current demographics**

Requested information preferred:

- Current medication list
- TB Skin test (most current)
- Signed Release of Information Form
- Care Plan, current
- Record of missed dialysis appts
- Current Labs (include PTH & UA)
- Previous testing available in past 12 months: EKG, Stress test, ECHO, Cath, CXR...
- Pap smear (females 18 y/o and older)
- Mammogram (40 y/o and older)
- Colonoscopy (male and females, most current)
- Social Work Consult

Please note: the patient must have a support person 18 y/o or older accompany them to their kidney transplant appointments