Pediatric Kidney Transplant External Intake Form

Phone number: 352.265.0754 | Fax: 352.627.4406
P.O. Box 100223 Gainesville, FL 32610-0223

PATIENT INFORMATION

Date:		E-mail:	
Name:		Phone:	Cell:
Address:			
DOB:	Gender:	Race:	Ethnicity:
Height:	Weight:	BMI:	
Parent/Guardian:		Contact #:	
Parent/Guardian:		Contact #:	
Is interpreter needed?: ☐ Yes ☐ No		Preferred Language:	

Any previous Transplants? ☐ Yes ☐ No, If *yes*, which organ(s): _____

Place of Transplant(s): _____ Date of Transplant(s): _____

REQUESTING FACILITY

Person initiating request:	Phone:
Requesting physician:	DSM:
Facility:	NPI#:
Phone:	Fax:
Address:	
Primary care physician (PCP):	E-mail:
Phone:	Fax:
Address:	

DOCUMENTATION TO INCLUDE

REQUIRED:
- ☐ Clear copy of current insurance cards
- ☐ Two most recent MD office notes
- ☐ Most recent lab work completed
- ☐ Patient demographic/face sheet (or patient information completely filled)
- ☐ Comprehensive medical and surgical history
- ☐ **Medicare 2728** form if on chronic dialysis.

INCLUDE IF APPLICABLE:
- ☐ Images of diagnostic reports sent through Nuance Power Share or on CD
- ☐ Cardiac Echocardiogram
- ☐ Diagnostic reports: ultrasounds, CT scans, MRIs, EKG or X-rays.
- ☐ Other pertinent records based on medical history such as cardiac, rheumatology, surgical, endocrine and others.
- ☐ Psychosocial evaluation/social work assessment

Cause of renal disease:

_____

_____

Diabetes ☐ Y ☐ N Dialysis ☐ Y ☐ N

Dialysis Facility: _____ Dialysis Initiation Date: _____

Phone: _____ Fax: _____

Address: _____

_____

Dialysis Type
- ☐ In center HD
- ☐ Home HD
- ☐ CAPD
- ☐ CCPD
- ☐ Other

Schedule *(please check day)*

☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa

Does the patient have a living donor? ☐ Y ☐ N

NOTE: *If you do not have a Nuance Power Share account, please use our secure link (https://www1.nuancepowershare.com) and generic login (tempphysician@shands.ufl.edu, "Password1"). If sending a physical CD, it should be brought by patients to their first visit.*

UFHealth SHANDS

CL0056

Patient Name: Patient Identification #: