

Pre-Kidney/Pancreas Transplant Referral Form

UF Health Shands Transplant Center

PO Box 100223 Gainesville, FL 32610-0223 Phone: 352-265-0254 Secured Fax: (352) 265-0084

New Patient Transplant Referral Form (please print clearly and fill out completely)

Patient Name (Last, First, MI): _____ Maiden: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone Numbers- Home: _____ Work: _____

Cell: _____ E-mail address: _____

DOB: _____ Sex: M / F Race: _____ SSN #: _____

Parent/Guardian Name (pediatrics only): _____

Marital Status: _____ Spouse's Name: _____

Height: _____ Weight: _____ Prior UF Health patient: Yes / No Organ being referred for: kidney / pancreas / kidney and pancreas

Referring MD: _____

Person initiating referral: _____

Diagnosis or Origin of Renal Disease (Medicare Form 2728): _____

Is patient on dialysis: Yes / No If yes, what type of dialysis: _____

Initial dialysis start date: _____

Dialysis Schedule: Su M Tu W Th F Sa (Please circle appropriate days)

Dialysis Unit or Referring Office Information:

Facility Name: _____

Address: _____

Facility contact person and phone #: _____

Any Previous Transplants: Yes / No If yes, what type of transplant: _____

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

Thank you for your interest in kidney/pancreas transplant at UF Health Shands Hospital. Please fill out the information below and send through the mail or fax via our secured fax with the requested information. The patient will be contacted regarding scheduling of an appointment after referral is received. We look forward to meeting your patient and the opportunity to work with you.

The following copy is needed for referral entry:

- Copy of insurance cards, front and back or write policy and claims number on a separate sheet of paper
- Most current history and physical within the past 12 months
- Most current labs

Copies of the following reports are helpful, if applicable and available:

- Cardiac stress test
- Cardiac catheterization
- GI consults, colonoscopy report with pathology
- Endocrine results
- 24-hr urine for creatinine clearance (Pancreas candidates)

If reports available from within the past 6 months:

- Chest X-ray
- EKG
- Psychosocial evaluation/social work assessment

Return to: Pre-Kidney/Pancreas Transplant
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