

PRE-KIDNEY/PANCREAS NEW PATIENT TRANSPLANT REFERRAL FORM

UF Health Shands Transplant Center

PO Box 100223, Gainesville FL 32610-0223

Phone: 352.265.0254, Secured Fax: 352.265.0084

Please print clearly and completely fill out

ORGAN(S) being referred for: Kidney – Kidney and Pancreas – Pancreas (please circle appropriate selection)

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

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phones- Home: _____ Cell: _____

Work/other: _____ E-mail address: _____

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

Height: _____ Weight: _____ Prior UF Health patient: Yes No

Married: yes / no. If yes, Spouse Name: _____

Patients nephrologist: _____ Phone #: _____

Cause of renal disease (Medicare 2728 form required if on dialysis): _____

Does patient have diabetes: Yes No

Dialysis type (please check): In-center HD Home HD CAPD CCPD other: _____

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

Referring Facility Information:

Person initiating referral: _____

Dialysis Unit Name: _____ Phone #: _____

Address: _____

Transplant Liaison Contact Name and #: _____

Any Previous Transplants: Yes No If yes, which organ(s): _____

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

Thank you for your interest in kidney/pancreas transplant at UF Health Shands Hospital. Please send the required documents by mail or fax via our secured fax. 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.

REQUIRED INFORMATION for referral entry:

- Copy of insurance cards, front and back or write policy and claims number on a separate sheet of paper
- Current history and physical within the past 12 months, referral cannot be processed without current H&P
- Recent labs
- Psychosocial evaluation/social work assessment
- Medicare 2728 form if on dialysis

Testing required for evaluation, please include current reports, if available:

- Cardiac stress test, if over age 35, and cardiac echo on all candidates.
The cardiac studies can be completed locally or as part of the evaluation. Evaluation would be 2 days to complete cardiac stress test due to time required.
- Routine cancer screens: Pap smear, mammogram, colonoscopy (as recommended by the ACS). These reports will need to be provided by the patient. These are not part of the transplant evaluation and are required for acceptance.
- Provide any pertinent records based on medical history, example: Rheumatology, surgical, endocrine, and others

If reports available from within the past 6 months:

- Chest X-ray
- EKG

Return to: Pre-Kidney/Pancreas Transplant UF Health Shands Transplant Center PO Box 100223 Gainesville, FL 32610-0223	Phone: 352.265.0254 Secured FAX: 352.627.4410 Secured FAX: 352.265.0084
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