HealthCare

University of Kentucky Transplant Center

Kidney and Kidney/Pancreas Transplant Consultation Request Form

Clinic location: ❑ Lexington ❑ Northern Kentucky ❑ Louisville (in collaboration with Norton Healthcare)

Referral Type:
- ❑ Kidney
- ❑ Kidney/Pancreas
- ❑ Pancreas
- ❑ Peritoneal Dialysis Access
- ❑ Vascular Access

To refer a patient to the University of Kentucky Kidney and Kidney/Pancreas Transplant program, please fax this form and your cover sheet to 859-323-1700. To speak with a representative directly, call toll free 866-474-6544 (select option 1 when prompted) or in Lexington 859-323-6544 (select option 1 when prompted). We appreciate your referral and look forward to working with you and your patients.

If available, please provide the following items with this fax:

- ❑ Patient demographic sheet
- ❑ Copy of insurance cards (front and back)
- ❑ Medication list
- ❑ Most recent laboratory results
- ❑ Previous cardiac testing (EKG, stress test, echo, cath) and radiology testing (ultrasound, CT, chest x-ray)
- ❑ CD copy of images to be mailed
- ❑ Recent history and physical and/or discharge summaries
- ❑ Social work notes
- ❑ A copy of the 2728 form

Patient Information

Last name _____ First name _____ Middle initial _____ Date of birth (month/day/year) _____

Mailing address _____ Social Security number _____

City _____ State _____ Zip _____ Sex ❑ Male ❑ Female

Maiden name _____ Mother's maiden name _____ (_____) _____ Phone number

Interpreter needed? ❑ Y ❑ N Height _____ Weight _____

Dialysis Unit Information

Dialysis unit _____ Contact name _____ (_____) _____ Phone number

Address _____ (_____) _____ Fax number

City _____ State _____ Zip code _____ County _____

Dialysis start date _____ Dialysis type: ❑ N/A ❑ Hemo ❑ Peritoneal

On what day(s) of the week does the patient have dialysis? ❑ M ❑ Tu ❑ W ❑ Th ❑ F ❑ Sa ❑ Other

Referring Physician Information

Physician name _____ Contact name _____ (_____) _____ Phone number

Physician NPI number _____ Email _____

Address _____ (_____) _____ Fax number

City _____ State _____ Zip code _____ County _____

This form can be found online at www.ukhealthcare.uky.edu/transplant/

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Toll free: 866-474-6544 or in Lexington 859-323-6544, option1 | Fax: 859-323-1700 | Alternate fax: 859-257-8966