Sacred Heart Kidney Transplant | Affiliated with UFHealth University of Florida Health

CONSULT FORM FOR KIDNEY TRANSPLANT CANDIDATES
PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Referring Provider: _____ **Person Initiating Referral:** _____

Origin of Renal Disease (*attach Medicare Form 2728*): _____

Patient Name (Last, First, MI): _____

DOB: _____ **Sex: M / F** **Race:** _____ **Height:** _____ **Weight:** _____ **BMI:** _____

SSN: _____ **Employed: Y / N** **Marital Status:** _____ **Spouse:** _____

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

Patient Contact Information

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Other: _____ **Email:** _____

Dialysis: Y / N

If YES->> Start Date & Type: _____ **Schedule (circle): Su M T W Th F Sa**

Previous Transplants: Y / N

If YES->> Date of Transplant: _____ **Organ:** _____ **Transplant Center:** _____

Does Patient have a potential LIVING DONOR: Y / N

Has Patient Been referred/activated at any other transplant center(s): Y / N

If YES, where? _____

Dialysis Unit or Referring Office Information

Facility Name: _____ **Contact Person & Phone:** _____

Facility Address: _____

Facility Phone: _____ **Facility Fax:** _____

THE FOLLOWING ATTACHMENTS ARE MANDATORY:	***Send if reports are available from <u>within the past 6 months:</u>***	***Send if reports are available:***
➢ ***Medicare Form 2728***	➢ **Chest X-ray**	____**Stress Test** ____**Cath**
➢ **Copy of Insurance Cards** (*front & back & pre-authorization)*	➢ **EKG**	____**ECHO** ____**Pap**
➢ **History and Physical** (*within the past 12 months)*	➢ **Psychosocial Evaluation / Social Work Assessment**	____**Mammogram**
➢ **Recent Dialysis Rounding Report**		____**Peripheral Vasc Studies**
➢ **Most Current Labs**		____**Colonoscopy Report**
		____**Imaging studies of chest/abd/pelvis**

The patient will be contacted regarding scheduling an appointment after referral is received.
We look forward to meeting your patient and the opportunity to work with you.

MAIL/FAX COMPLETED FORM & ATTACHMENTS TO:
Sacred Heart Kidney Transplant
5149 N 9th Ave, Suite 246
Pensacola, FL 32504
Phone: 850-416-1080 Fax: 850-416-1075