

### KIDNEY TRANSPLANT REFERRAL FORM

#### Patient Information

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Current mailing address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Interpreter needed?  No  Yes, language: \_\_\_\_\_

Blood type:  A  B  O  AB  Unknown

Dialysis type:  Hemodialysis  Peritoneal dialysis  N/A - not on dialysis

Dialysis Facility: \_\_\_\_\_ Days:  M-W-F  T-Th-S Shift: \_\_\_\_\_

Nephrologist: \_\_\_\_\_  I have discussed this referral with the patient's nephrologist

#### Required Clinical Information To Process This Referral

- Most recent patient's medical history & physical (H&P) note from Nephrologist/PCP/hospital admission (Dialysis rounding notes are not accepted)
- Current list of medications
- Psychosocial concerns, if any
- Recent lab results (must include first GFR  $\leq$  25 if not on dialysis)
- Two-page Medicare 2728 Form (if on dialysis)
- Legible FRONT and BACK copy of all insurance and prescription cards
- Patient to complete and sign the *Patient Health Questionnaire for Kidney Transplant Evaluation* form (submit w/ referral)

Referral form completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**FAX THIS FORM AND ABOVE ITEMS TO (808) 691-8896 OR MAIL TO:** Queen's Transplant Center  
550 S. Beretania Street, Suite 404  
Honolulu, Hawaii 96813

**Reminder:** The Queen's Transplant Center kidney transplant education video (on CD or our website) and Explore Transplant patient education material can assist with educating your patient on transplant and living kidney donation.

For more information, visit [www.queens.org/transplant](http://www.queens.org/transplant) or call (808) 691-8897. Thank you for your referral!

..... For Transplant Internal Use Only.....

Date received: \_\_\_\_\_

By: \_\_\_\_\_

Date mailed letter: \_\_\_\_\_