

KIDNEY AND/OR PANCREAS TRANSPLANT REFERRAL FORM

Patient is being referred for Transplant and meets all the following criteria:

- ☐ Race-neutral eGFR equal or less than 25
- ☐ BMI equal or less than 38 (≤ 32 for kidney-pancreas transplant)
- ☐ Hgb A1c equal or less than 8.0% (unless DM1 seeking kidney-pancreas transplant)
- ☐ Does not have any substance use disorder within the past 60 days, including any use of tobacco/nicotine or betelnut. (Medical marijuana with certification okay)
- ☐ Does not require Oxygen at home (continuous or as needed)
- ☐ Has active health insurance coverage or ability to private pay

Refer to our **Kidney and/or Pancreas Transplant Referral Criteria** for more information.

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: _____

Dialysis type: ☐ In Center Hemodialysis ☐ Home 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 Timely

- ☐ A provider note (preferably Nephrologist) that contains the cause of ESRD, past medical, and surgical history. It is helpful to include comments on the patient's general health status, compliance, any concerns/issues, etc.
- ☐ Current list of medications
- ☐ Psychosocial concerns, if any
- ☐ Recent lab results (must include first GFR ≤ 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 or call (808) 691-8897. Thank you for your referral!

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

Date received: _____ By: _____ Date mailed letter: _____