HealthCare

University of Kentucky Transplant Center

Kidney and Kidney/Pancreas Transplant Consultation Form

Clinic location: ☐ Lexington ☐ Northern Kentucky ☐ Bowling Green ☐ 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 _____

Sex ☐ Male ☐ Female

City _____ State _____ Zip _____

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 _____

University of Kentucky Transplant Center | 740 S. Limestone, Suite K300, Lexington KY 40536-0284
Toll free: 866-474-6544 or in Lexington 859-323-6544, option1 | Fax: 859-323-1700 | Alternate fax: 859-257-8966