



University of Kentucky Transplant Center Lung Transplant Consultation Form

To refer a patient to the University of Kentucky Lung Transplant program, please fax this form and your cover sheet to 859-257-7402. To speak with a representative directly, call 859-323-3408. 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) if available
- ☐ Recent history and physical and/or discharge summaries
- ☐ Social work notes if available
- ☐ Pulmonary function tests

Reason for Lung Transplant Consultation

- ☐ Chronic Obstructive Pulmonary Disease (FEV-1 below 30% predicted)
- ☐ Cystic Fibrosis (FEV-1 below 30% predicted)
- ☐ Pulmonary Hypertension
- ☐ Interstitial Lung Disease/Pulmonary Fibrosis (at time of diagnosis or initiation of home oxygen)
- ☐ Black Lung

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	
Clinic location: ☐ Lexington ☐ Louisville (in collaboration with Norton Healthcare)				

Referring Physician Information

Physician name		Contact name	() Phone number
Physician NPI number		Email	
Address		() Fax number	
City	State	Zip code	County

If your referral requires immediate attention, please call UK-MDs at 800-888-5533 and ask to speak with the transplant physician on call. To discuss a medical issue, contact the transplant nurse coordinators at 859-323-3408.

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