

# Charles O. Strickler Transplant Center Kidney Transplant Referral Form

Fax to: TXP Referral Coordinator (Please Print)

Fax #: 434-924-8774

Clinic Location: ☐ Charlottesville ☐ Lynchburg ☐ Martinsville ☐ Newport News ☐ Roanoke ☐ Arlington ☐ Wytheville

Reason for Visit: ☐ Kidney Only ☐ Pancreas Only ☐ Kidney and Pancreas ☐ Other  
Eval/Procedure

Today's date: Name of Practice:

Address: Phone: ( ) Fax: ( )

Referring Provider: Contact Person:

PCP (if different from referring):

## PATIENT INFORMATION

Patient's last name: First: Middle: Sex ☐ M ☐ F Birth Date / / Soc. Security Number - - - - -

Street address: PO Box: Home phone: ( )

City: State: ZIP Code: Work phone: ( ) Cell phone: ( )

Height: Weight: Dry Weight: BMI: Primary Language Spoken: Interpreter needed: ☐ Y ☐ N

Marital Status:

Name of Emergency Contact: Relation to Patient: Primary phone: Cell phone:

## INSURANCE INFORMATION (INCLUDE COPY OF INSURANCE CARD, BOTH FRONT AND BACK)

Is this patient covered by insurance? ☐ Yes ☐ No

Please indicate primary insurance:

Subscriber's name: Subscriber's S.S. no.: Birth date: / / Group no.: Policy no.:

Name of secondary insurance (if applicable): Subscriber's name: Group no.: Policy no.:

## KIDNEY DIAGNOSIS INFORMATION (Please Check All That Apply)

☐ HTN ☐ DM (Type I or Type II) ☐ PCKD ☐ FSGS ☐ MPGN ☐ PBC ☐ SLE ☐ Other

Dialysis Status ☐ Yes-Hemodialysis ☐ Yes- Peritoneal dialysis ☐ No

Dialysis Unit Phone# Dialysis Start Date

Dialysis Days M Tu W Th F Sa or Home Nocturnal

## PLEASE INCLUDE THE FOLLOWING RECORDS IF AVAILABLE

☐ Most Recent Medication List Attached ☐ Most Recent Problem List attached  
☐ Most Recent H&P Attached ☐ Most Recent Lab Results attached  
☐ Most Recent Progress Note attached ☐ Most Recent ABO/Blood Type attached  
☐ TB Test Results attached (if currently on Dialysis)

☐ End Stage Renal Disease Medical Evidence Report- CMS 2728 if patient is on dialysis

OR

☐ GFR of 20 or less result

NOTE: Result must include: include name of lab, date of result

PO Box 800265, Charlottesville, VA 22908

Phone: 434-924-8604 or 1-800-543-8814