

Kidney Transplant Evaluation Request

Please use this form as your fax cover sheet and fax to (804) 628-0708.

To reach the referral team by phone, please dial (804) 828-4104 and select option 1: New Patient/Refer a Patient, then option 1: Kidney Transplant Services.

No. of pages including fax cover: _____

Date: _____ From (fax): _____

Person referring: _____ Phone: _____

Patient name: _____ Patient date of birth: _____

Patient email address: _____

Patient phone number: _____ Patient height: _____ Patient weight (lbs): _____ Patient BMI: _____

Is patient listed at another transplant center? ☐ Yes ☐ No If yes, where? _____

Is the patient currently on dialysis? ☐ Yes ☐ No

If yes, type? _____ Days? (circle all that apply) M T W Th F Sat Sun

1st day of dialysis: _____ Dialysis facility: _____

Cause of ESRD: _____

Prior transplant? _____ If yes, where and when? _____

Any social support or compliance issues? _____ If yes, please explain: _____

In order to better serve the patient, we are asking for **ONLY** the following information for a pre-transplant evaluation referral:

- | | |
|---|---|
| ☐ Demographic information/sheet | ☐ Enlarged copies of insurance cards and pharmacy or prescription drug card |
| ☐ Patient questionnaire | ☐ Most recent H & P within the last year |
| ☐ 2728 Form (required) | ☐ Most recent labs within the last month |
| ☐ Current medication list | |

Thank you in advance for assisting us in scheduling a timely appointment for your patient.

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