UVAHealth

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 _____ Dialysis Start Date _____ _____

Phone #_____ 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 H&P Attached
❑ Most Recent Progress Note attached
❑ Most Recent Problem List attached
❑ Most Recent Lab Results 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**