



KIDNEY/ PANCREAS TRANSPLANT PROGRAM REFERRAL FORM

PATIENT INFORMATION			
Name:	SSN:	DOB:	
Mailing Address:	City / State / Zip:		
Primary Phone:	Emergency Contact Name:		
Alternative Phone:	Emergency Contact Telephone:		
Email Address:			
Height:	Weight:	BMI:	Gender:

Insurance	Subscriber	Policy/Member ID #	Authorization #	Eff. Date

Primary MD:	Phone:	Fax:
Referring MD:	Phone:	Fax:

Etiology of Renal Failure:	Social Worker:
Dialysis Unit Name:	Dialysis Type: <input type="checkbox"/> HEMO <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD <input type="checkbox"/> HOME HEMO
Phone: Fax:	Dialysis Schedule: <input type="checkbox"/> M/W/F <input type="checkbox"/> T/T/S <input type="checkbox"/> _____

Medical History	
Coronary Artery Disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cardiac Catheterization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Peripheral Vascular Disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cancer? (What year?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Substance Abuse? (Type?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Psychological / Social Limitations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Pertinent Medical/Surgical History:	



Thank you for your referral to the Comprehensive Transplant Center.

To expedite the referral process, please send all required patient records listed below and any recent studies from the requested list. When all required records have been received and reviewed, the patient will receive an appointment, welcome letter, and transplant program information.

Required Patient Records:

- Completed Referral Form
- Insurance Cards (Clear copy of front and back)
- Photo I.D./Driver's License
- 2728 Form
- Recent History & Physical (H&P)
- Recent Laboratory Studies

Requested Patient Records if Completed:

- Recent Hospital Discharge Summary/Clinic Notes
- Recent Diagnostic Studies
- Chest X-Ray and other radiological reports
- EKG
- Cardiac Stress Test/Cardiac Catheterization
- Echocardiogram
- Colonoscopy
- Renal Biopsy
- Pap Smear/Mammogram

Send Records to:

(Preferred) Fax: (310) 423-7898

Mail: Kidney/Pancreas Transplant Program
8900 Beverly Blvd. 2nd Floor
Los Angeles, CA 90048

Phone: (310) 423-2641