



**The Trager Transplant Center**  
 200 Abraham Flexner Way  
 Louisville, Kentucky 40202  
 P 502.587.4384  
 F 502.587-4781  
 Toll Free 800.866.7539  
 KentuckyOneHealth.org

**UNIVERSITY OF  
 LOUISVILLE**

**Transplant Care**

To refer a patient to the Jewish Hospital Center for Advanced Heart Failure and Thoracic Transplant program, please fax this form and your cover sheet to fax numbers below. You will get a confirmation that your referral was received.

For **URGENT** referrals please call 502-587-4384 to speak directly to a team member.

**Referral Type:**  Heart Transplant  Advanced Heart Failure / VAD referral  Lung Transplant

**Date of Referral:** \_\_\_\_\_

<b><u>PATIENT INFORMATION</u></b>		
Patient's Name:		
Date of Birth:	Age:	Social Security Number:
Mailing Address:		
Phone Number: Home: (    )		Cell: (    )
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Height:                      Weight:
Emergency Contact:		
Relationship to Patient:		Phone Number: (    )
<b><u>PHYSICIAN INFORMATION</u></b>		
Referring Physician:		Primary Care Physician:
Practice/group name:		Practice/group name:
Phone Number: (    )		Phone Number: (    )
Fax Number: (    )		Fax Number: (    )
Diagnosis:		
<b><u>PRIMARY INSURANCE INFORMATION:</u></b> ( attach copy of both sides of cards)		
Company:	Policy ID:	Group ID:
Policyholder's Name:		Policyholder's DOB:
Phone Number: (    )		Fax Number: (    )
<b><u>SECONDARY INSURANCE INFORMATION:</u></b> ( attach copy of both sides of cards)		
Company:	Policy ID:	Group ID:
Policyholder's Name:		Policyholder's DOB:
Phone Number: (    )		Fax Number: (    )

**To refer to the Advanced Heart Failure/LVAD/ or Heart transplant program, please fax this referral form and the information below, if available to: FAX: 502-587-4489**

**To refer to the Lung Transplant program please fax this referral form and the information below, if available to 502-587-4780**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pertinent medical records                               | <input type="checkbox"/> 6 minute walk   | <input type="checkbox"/> Radiology Reports (CT, Chest X-ray, Ultrasound, etc.) |
| <input type="checkbox"/> Most recent H&P or clinic note                          | <input type="checkbox"/> Medication List | <input type="checkbox"/> Cardiac Testing (EKG, Stress Test, ECHO, Cath, etc.)  |
| <input type="checkbox"/> Reports of previous cardiac cath, stress test, and Echo | <input type="checkbox"/> PFT, ABG's      | <input type="checkbox"/> Most Recent Labs                                      |
| <input type="checkbox"/> Patient Demographic Sheet                               |  |  |