

To refer a patient to the Jewish Hospital kidney, kidney/pancreas, pancreas transplant program or the bariatric bridge to transplant program; please fax this form and your cover sheet to 502-993-1933. You will get a confirmation that your referral was received. To speak with a representative directly, call 502-587-4358, option 0. We appreciate your referral and look forward to working with you and your patients.

**Organ Referral Type:**  Kidney  Kidney/Pancreas  Pancreas  Bariatric bridge to 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:
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is native language?	
Emergency Contact:			
Relationship to Patient:		Phone Number: (    )	
<b><u>DIALYSIS INFORMATION</u></b>			
Dialysis Unit:			
Address:			
Phone Number: (    )		Fax Number: (    )	
Dialysis start date:		<input type="checkbox"/> Hemo <input type="checkbox"/> Peritoneal	
On what days does the patient have dialysis? <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su      Time:			
Diagnosis:			
<b><u>REFERRING PHYSICIAN INFORMATION</u></b>			
Physician Name:			
Address:			
Phone Number: (    )		Fax Number: (    )	
Nephrologist if different from Referring:			

Please provide the following information with this form, if available: (FAX: 502-993-1933)

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| <input type="checkbox"/> Copy of Insurance Cards (Front and Back)              | <input type="checkbox"/> Pneumonia Vaccine        | <input type="checkbox"/> Radiology Reports (CT, Chest X-ray, Ultrasound, etc.) |
| <input type="checkbox"/> 2728 or Medicare Entitlement Form (Dialysis Patients) | <input type="checkbox"/> PPD/TB Skin Test         | <input type="checkbox"/> Cardiac Testing (EKG, Stress Test, ECHO, Cath, etc.)  |
| <input type="checkbox"/> Care plan (Dialysis Patients)                         | <input type="checkbox"/> Medication List          | <input type="checkbox"/> Most Recent Labs                                      |
| <input type="checkbox"/> Patient Demographic Sheet                             | <input type="checkbox"/> H&P or Discharge Summary |  |