UPMC | TRANSPLANT SERVICES

UPMC Hamot

FAX: 814-877-3661

HamotTransplant@upmc.edu

PERSONAL INFORMATION SHEET

TYPE OF TRANSPLANT

☐ **Kidney**

PATIENT INFORMATION

Last name:_____

First name:_____

Social Security #:_____

Sex:_____ DOB:_____

Address:_____

Home phone:_____

Cell phone:_____

Best time to contact:_____

PRIMARY/RENAL PHYSICIAN INFORMATION

Primary care physician name:_____

Address:_____

Phone:_____ Fax:_____

Nephrologist:_____

Address:_____

Phone:_____ Fax:_____

Please include CMS 2728 form with referral.

☐ Self-referred

MEDICAL HISTORY

Is the patient on hemodialysis or peritoneal dialysis? ☐ yes ☐ no

Have they previously had a transplant? ☐ yes ☐ no

Transplant Center:_____

Date:_____

History of cancer? ☐ yes ☐ no

Oncologist name:_____

Diabetic age onset? ☐ yes ☐ no

Insulin? ☐ yes ☐ no

Have they had a 15 pound or more unintentional weight loss in the past four months? ☐ Yes ☐ No

Do they have a non-healing pressure ulcer or wound? ☐ Yes ☐ No

What is their height and weight?

Height:_____ Weight:_____ BMI:_____

DIALYSIS INFORMATION

Dialysis clinic:_____

Dialysis address: _____

Dialysis phone: _____

Dialysis fax: _____

Dialysis start date:_____

Dialysis days:_____

Emergency contact:_____

Do they have a potential living donor?: ☐ yes ☐ no

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INSURANCE INFORMATION

HMO: ☐ yes ☐ no PPO: ☐ yes ☐ no

INSURANCE PROVIDER

ID:_____

PLAN#:_____

GROUP#:_____

EFF DATE:_____

PHONE #:_____

MEDICARE

☐ yes ☐ no

PART B:_____

EFFECTIVE DATE:_____

MEDICAID

☐ yes ☐ no

RECIPIENT#:_____

IMPORTANT INFORMATION TO SEND WITH A KIDNEY TRANSPLANT REFERRAL TO UPMC HAMOT:

☐ Always include the **CMS 2728**

☐ Include recent labs x 3 months as well as History and Physical

Please send any available relevant diagnostic testing such as:

☐ EKG

☐ Echocardiogram

☐ Nuclear Stress Test

☐ CXR

☐ Ultrasound or CT scan of the abdomen

☐ Mammogram

☐ Pap Smear

☐ COLOGUARD or Colonoscopy with Pathology

☐ Pathology of Kidney Biopsy

Please include in the email HamotTransplant@UPMC.edu any concerns pertaining to the patient including:

☐ BMI over 40

☐ Recent or current cancer

☐ No caregiver or transportation

☐ Grossly non-compliant with medical regime

☐ Untreated, symptomatic mental illness and behavior problems

☐ Residing in an institution or long-term care setting

☐ Recent debilitating illness

☐ Any other pertinent information.

This information will help speed the process and hopefully contribute to your patient's success