

PERSONAL INFORMATION SHEET

TYPE OF TRANSPLANT

- Kidney
- Kidney/Pancreas

PATIENT INFORMATION

Last name: _____

First name: _____

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: _____

INSURANCE INFORMATION

HMO: yes no PPO: yes no

INSURANCE PROVIDER

ID: _____

PLAN#: _____

GROUP#: _____

EFF DATE: _____

PHONE #: _____

MEDICAL HISTORY

Is the patient on hemodialysis or peritoneal dialysis? yes no

Have they previously had a transplant? yes no

History of cancer? yes no

Oncologist name: _____

What is their height and weight?

Height: _____ Weight: _____ BMI: _____

DIALYSIS INFORMATION

Dialysis clinic: _____

Dialysis address: _____

Dialysis phone: _____

Dialysis fax: _____

Please include CMS 2728 form with referral.

Self-referred

MEDICARE

yes no

PART B: _____

EFFECTIVE DATE: _____

MEDICAID

yes no

RECIPIENT#: _____

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

Always include the **CMS 2728**

Include progress notes x 3 months

Include 3 dialysis flow sheets

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

Please send any available relevant diagnostic testing such as:

EKG

GFR

Echocardiogram

Nuclear Stress Test

CXR

Ultrasound or CT scan of the abdomen

Mammogram

Pap Smear

COLOGUARD or Colonoscopy with Pathology

Pathology of Kidney Biopsy

Endocrinology Visit for Pancreas Referral (if available)

Please include in the email UPMCKidneyReferrals@upmc.edu any concerns pertaining to the patient including:

BMI over 42

Recent or current cancer

Issues with caregiver or transportation availability

Non-compliance with medical regimen

Under-treated mental illness or behavioral problems

Residing in an institution or long-term care setting

Recent debilitating illness

Any other pertinent information.