Ascension Sacred Heart

Affiliated with UFHealth UNIVERSITY OF FLORIDA HEALTH

CONSULT FORM FOR KIDNEY TRANSPLANT CANDIDATES
PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Referring Provider: ____________ **Person Initiating Referral:** ____________

Origin of Renal Disease (attach Medicare Form 2728): ____________

Patient Name (Last, First, MI): ____________

DOB: ______ **Sex: M / F** **Race:** ______ **Height:** ______ **Weight:** ______ **BMI:** ______

SSN: ______ **Employed: Y / N** **Marital Status:** ______ **Spouse:** ______

Address: ____________ **County:** ______

City: ______ **State:** ______ **Zip:** ______

Patient Contact Information

Home Phone: ______ **Work Phone:** ______ **Cell:** ______

Other: ______ **Email:** ______

Dialysis: Y / N

If YES->> Start Date & Type:______________________ Schedule (circle): Su M T W Th F Sa

Previous Transplants: Y / N

If YES->> Date of Transplant:_________Organ:___________Transplant Center:_____________

Does Patient have a potential LIVING DONOR: Y / N

Has Patient Been referred/activated at any other transplant center(s): Y / N

If YES, where? ____________

Dialysis Unit or Referring Office Information

Facility Name: ______ **Contact Person & Phone:** ______

Facility Address: ____________

Facility Phone: ______ **Facility Fax:** ______

THE FOLLOWING ATTACHMENTS ARE MANDATORY:	***Send if reports are available:***
➢ ***Medicare Form 2728***	____Stress Test
➢ **Copy of Insurance** (*front & back & pre-authorization)*	____ECHO
➢ **History and Physical** (*within the past 12 months)*	____Pap / pelvic exam ____
➢ **Current lab work** (*within the past 6 months*)	____Mammogram
	____Peripheral Vascular Studies
	____Colonoscopy Report with pathology
	____Imaging studies of chest/abd/pelvis

The patient will be contacted regarding scheduling an appointment after referral is received.
We look forward to meeting your patient and the opportunity to work with you.

MAIL/FAX COMPLETED FORM & ATTACHMENTS TO:

Sacred Heart Kidney Transplant
5149 N 9th Ave, Suite 246
Pensacola, FL 32504
Phone: 850-416-1080 Fax: 850-416-1075