# IU Health Kidney and/or Pancreas Transplant Referral Form

## Patient information

Patient name _____
Date of birth _____ Race _____ Social security number _____
Primary phone _____ Email _____
Does patient need an interpreter? ☐ Y ☐ N Language _____

## Referral source

Referring physician name _____
Referring physician phone _____
☐ Patient self-referral
Name of person completing form _____ Phone _____

## Patient information

Potential Organ(s) ☐ Kidney ☐ Pancreas ☐ Kidney/Pancreas
Primary kidney and/or pancreas diagnosis _____
Height _____ Weight _____
Is the patient on dialysis? ☐ Y ☐ N
If yes, chronic start date _____ Dialysis unit _____
Mode of dialysis treatment ☐ Home ☐ NxStage ☐ CAPD ☐ Facility Hemodialysis
Treatment days _____ Start time _____ ☐ AM ☐ PM
Does patient have diabetes? ☐ Y ☐ N
If yes, what type of diabetes? ☐ Type I ☐ Type II
Age at time of diabetes diagnosis? _____
Is the patient on insulin? ☐ Y ☐ N
Is the patient being evaluated and/or listed at another transplant center? ☐ Y ☐ N
If yes, which center? _____

## Requested records

☐ Demographic information (legible copies of social security and driver's license/state ID cards or legal documents if patient is a foreign national, immigrant or refugee)
☐ Insurance information (legible front and back copies of all insurance cards are required)
☐ Most recent History and Physical and clinic notes (dialysis run sheet does not have sufficient information for health history)
☐ Current medication list
☐ ESRD 2728 form
☐ Dialysis center Psycho/Social History

Please fax the completed referral form, including legible front and back copies of all insurance cards, to **317.968.1499** or mail records to the address below, "**Attn: Kidney/Pancreas Transplant Program**". Once all information is received, our team will confirm insurance benefits and contact the patient to schedule an initial appointment. Please call the number below to speak to a team member with any questions.

Indiana University Health

Kidney/Pancreas Transplant Program
IU Health University Hospital
550 N. University Blvd, Room 4601
Indianapolis, IN 46202
T 317.944.4370 800.382.4602 F 317.968.1499

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