

Referral for Renal/Pancreas Transplantation

PLEASE FILL OUT COMPLETELY - Return to:

Medical University of South Carolina
Renal/Pancreas Transplant
162 Ashley Avenue
PO Box 250586
Charleston, S.C 29425
Phone: 843-792-4177; Fax: 843-876-2968

Date of Referral: _____ Form Complete By: _____

PATIENT NAME: _____ Age: _____ Race: _____ Sex: _____

Address: _____ Ht(cm): _____ Wt(kg): _____

_____ Phone #: _____

SS#: _____ DOB: _____

Medicare #: _____ Medicaid #: _____

Other Insurance: _____

Dialysis Unit: _____ Dialysis Days: M T W Th F Sat
Peritoneal

Address: _____ Phone: _____

Date of Dialysis Onset: _____

Nephrologist: _____

Phone: _____ 24 Hour #: _____

Diagnosis: _____ Biopsy: _____

ABO: _____ Hypertension?: _____ Allergies: _____

Meds: _____

Diabetes?: _____ Date/Age of onset: _____ Insulin Dose: _____

Native Nephrectomy?: _____ Reason: _____

Prior Transplant? _____ When? _____

Transfusion history w/dates: _____

Pregnancies?: _____ PPD: _____

Statement by **Nephrologist** concerning patient's candidacy for renal transplantation:

Excellent Good Marginal

Nephrologist Signature

Statement by **Unit Coordinator** concerning patient's candidacy for renal transplantation.

Excellent Good Marginal

Unit Coordinator Signature

Statement by **Social Worker** concerning patient's candidacy for renal transplantation.

Excellent Good Marginal

Unit Social Worker

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Referral must include:

- History & Physical and/or discharge summaries**
- Most recent labs**
- Social Worker assessment**
- Dietary assessment**
- Completed referral form**
- Copy of all insurance cards (front & back)**
- Most recent renal ultra-sound or CT Scan**
- Current PPD**
- Cardiology evaluation for positive history**
- GI: Colonoscopy for positive history or age \geq 50**
- Women: PAP smear for age \geq 18; Mammogram for age \geq 40 or positive history**
- Men: Current PSA \geq age 50**

- Please attach reports of any of the following studies if available:**

- Chest X-Ray**
- EKG**

As much testing that can be done at home will only expedite the referral process.

Revised: 09/07/06