Dartmouth-Hitchcock

Kidney Transplant Referral Form

Referral Date: **Cause of Kidney Disease/ESRD:**

First Name **Last Name** **M.I.**		**Maiden Name:**
		Gender: □ **Male** □ **Female**
Date of Birth:	**Social Security Number:**	**Home Phone # : ( )**
Address: (Include apt #, if applicable)		**Cell Phone # : ( )**
City, State, Zip Code		**Marital Status:**
Race:	**Ethnicity:**	□ **Single (never married)**
□ Caucasian	□ Hispanic Origin	□ **Married**
□ African American	□ Non-Hispanic	□ **Separated**
□ American Indian/Native Alaskan	□ Uknown	□ **Divorced**
□ Asian	**Citizenship (Country):**	□ **Widowed**
□ Mid-Eastern.Arabian		□ **Uknown**
□ Other		
Referring Physican Name:	**Referring Physican Phone # : ( )**	**Referring Physican FAX # : ( )**
Referring Physican Mailing Address: **City, State, Zip Code:**		

Dialysis Type:	**Dialysis Days:**	**Dialysis Facility:**
□ Pre-Emptive (not on Dialysis)	□ Monday, Wednesday Friday	
□ Peritoneal Dialysis	□ Tuesday, Thursday, Saturday	**Address:**
□ Hemodialysis	□ Other:	
Is patient listed at another Facility?	**Has the patient had a previous transplant?** □ No □ Yes	**Phone #:**
□ No □ Yes	**When:**	**FAX #:**
Where:	**Type:**	**Pt Height:** **Wgt:** **lb.**

Employment Status:	**Primary Insurance:**
□ Full Time □ Part Time	Effective Date: ID # Group #
□ Not Working due to Disability	
□ Not Working due to Choice	Prior Authorization Phone #:
□ Temporarily unemployed	**Secondary Insurance:**
□ Student	Effective Date: ID # Group #
□ Retired	Prior Authorization Phone #:

The Following REQUIRED DOCUMENTS MUST accompany this referral. If documents are not available, document reason why in comment section. Failure to send documents may delay the referral from being processed

□ 2728 Form
□ Vaccination Record
□ Enlarged copy of Insurance Cards
□ Most recent labs **INCLUDING** PTH level
□ **Current HOME** medication List
□ DHMC Release of Information
□ Most Recent MD/Nephrology Consult note **INCLUDING H&P**
□ Demographics Page

COMMENTS:

If you have any questions, please call the Transplant Department at (603) 653-3931 Option 3 and then 2

Please FAX this form AND Required documents to: (603) 676-4272