## //// Dartmouth-Hitchcock

**Kidney Transplant Referral Form** 

Referral Date:	Cause of Kidney Disease/ESRD:					
First Name	Last Name				Maiden Name:	
					Gender: 🗆 Male 🗆 Fema	е
Date of Birth:	Social Security Number:				Home Phone #:( )	
Address: (Include apt #, if applicable)					Cell Phone #: ( )	
					Marital Status:	
City, State, Zip Code		1			□ Single (never married)	
Race:		Ethnicity:			Married	
🗆 Caucasian		Hispanic Origin			Separated	
🗆 African American		Non-Hispanic			Divorced	
American Indian/Native Alaskan		🗆 Uknown			Widowed	
🗆 Asian		Citizenship (Country	y):		🗆 Uknown	
Image: Mid-Eastern.Arabian						
🗆 Other						
Referring Physican Name:		Referring Physican Phone #:		#:	Referring Physican FAX # :	
		( )			( )	
Referring Physican Mailing Address:						
City, State, Zip Code:	-			-		
Dialysis Type:				Dialysis Faci	ility:	
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? <ul> <li>No</li> <li>Yes</li> </ul> <li>When:</li>					
				Phone #:		
🗆 No 🛛 🗆 Yes				FAX #:		
Where:	Туре:			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			ID #		Group #	
Retired	Prior Authorization Phone #:					
The Following REQUIRED DOCUMENTS	<u>MUST</u> accom	pany this referral. If <b>c</b>	locum	ents are		
not available, document reason why in	comment se	ction. Failure to send	d docu	ments		
may delay the referral from being proc	essed					
🗆 2728 Form						
Enlarged copy of Insurance Cards	Most recent labs INCLUDING PTH level				el	
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	e Transplant D	Department at (603) 6	53-39	31 Option 3	and then 2	
Please FAX this form AND Required do	cuments to: (	603)676-4272				