



VCU Health™

Kidney/Pancreas Transplant Program

Hume-Lee Transplant Center

Evaluation Referral Cover Sheet

Fax to: (804) 628-0415

Evaluate for:  Kidney transplant  Pancreas Transplant  Kidney & Pancreas Transplant

Referral Information:

Referring Physician/Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Group Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Referral details:

Is the patient currently on dialysis? \_\_\_ Yes \_\_\_ No If yes, type? \_\_\_\_\_ M T W Th F S

Dialysis start date: \_\_\_\_\_ Patient listed at another transplant center? If yes, where? \_\_\_\_\_

Cause of ESRD: \_\_\_\_\_

Patient Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Does Patient Need Interpreter?  Yes  No Language: \_\_\_\_\_

Please fax this completed form, along with the following information to (804) 628-0415.

- Demographics sheet, History and Physical evaluation, operative notes, etc., Medications list, Dietician evaluation, Social Worker evaluation, Laboratory results, Enlarged copies of insurance cards and Pharmacy/Prescription Drug Card, 2728 Form, required (For dialysis units only - if patient is not on dialysis, disregard)

If available, also include:

- Echocardiogram, stress test, cardiac catheterization results, Kidney biopsy, CT scans, colonoscopy reports, Discharge summaries

VCU Hume-Lee Transplant Center
1200 E. Marshall Street
Gateway Building, 7th Floor
Richmond, VA 23298
Tel: (804) 828-4104 Fax: (804) 628-0415
www.vcuhealth.org/transplant