RENAL/PANCREAS TRANSPLANT REVIEW AND REFERRAL FORM

General Information

Please find enclosed UNC Hospitals’ Transplant Review and Referral Form for the renal/pancreas transplant program. This form will streamline the process of referral for you, as well as give us important information with which to start evaluation for your patient.

We ask that you use both parts of this form when you are requesting a transplant evaluation, unless you have indicated that a patient is clearly not a transplant candidate at this time. In this case, you do not need to complete Part II. In either event, a copy of our transplant surgeon’s opinion will be returned to you in order to comply with yearly review regulations. All review forms should be submitted to:

UNC Center for Transplant Care
Kidney Transplant Program
101 Manning Dr. RM 4056
Chapel Hill, NC 27514
FAX: 984-974-0888
Phone: 984-974-9950

When Parts I and II are received, we will contact the patient and explain the process of scheduling an initial appointment for our transplant orientation class. Part I will be returned to the referring nephrologist. The patient will be sent a letter with information about times and dates of upcoming orientation classes and a copy will be sent to you.

In addition to receiving written information, patients attending the transplant orientation class will attain a general overview of the evaluation process, risks and benefits of renal transplant for treatment of ESRD, and deceased versus live donor issues. After attending orientation class and receiving insurance authorization, the patient can proceed with the medical evaluation. Initial appointments (i.e. labs, chest x-ray, EKG, Nephrology, Cardiology, etc.) will be scheduled for the patient. Patients will be notified of all appointments by letter.

For select patients, the orientation class may be omitted (those who are non-English speakers, hearing impaired or with exceptional medical considerations). These patients will receive transplant education individually with their nurse coordinator and the transplant team.

During successive trips to the hospital, and unless contraindicated, we will always try to schedule as many appointments as feasible so that the patient can complete his/her evaluation in a timely manner.

We hope this will be helpful to everyone involved in the transplant process, and we thank you for suggestions and your continuing interest.
UNC Center for Transplant Care
Renal/Pancreas Transplant Review and Referral Form
Part I

*Name: ____________________________ *Social Security #: ___________________________

*Address: ___________________________________ *City: ____________________ *State: __________________________

*Zip Code: __________ *County: __________________________ Phone (H): ____________________ Phone (Cell): ____________________

*Date of Birth: ____________________ *Sex: __________ *Race __________ *Height: __________ *Weight: ____________________

*Patient's EMAIL (if applicable)________________________________________________________________________

*Cause of ESRD: ____________________________ Diabetes: _____Yes _____No

Referral for combined Kidney/Pancreas transplant? _____Yes _____No

*Current Modality: ____CAPD ____CCPD ____ICHD ____Home Hemo ____None

Dialysis Days: _____M-W-F _____T-T-S _____AM _____PM

Does patient have transportation? _____What form of transportation? (personal vehicle, county van, etc.)____________

Date of 1st Dialysis: ____________________ Current Dialysis Center: __________________________

Dialysis Phone number____________________ Fax number_____________________________________

Has patient ever been seen at UNC Hospitals? _____Yes _____No _____Unknown

UNC Medical Record Number: __________________________

Type of Insurance: Medicaid____ Medicare ___ BCBS ____ Other____________ None__________

H/O Malignancy _____Yes _____No

Suspected Substance Abuse _____Yes _____No

Is patient compliant with dialysis? _____Yes _____No

Is patient compliant with meds? _____Yes _____No

Active HIV: _____Yes _____No

If HIV(+) please send current Viral Load and CD4 count (viral load must be undetectable, CD4 ct must be >200)

Patient declines transplant: _____Yes _____No

Previous Transplant _____Yes _____No

Patient has received transplant education information locally: _____Yes _____No

____________________________________________________________________________________________

*Referring Nephrologist’s Assessment as to Transplant Candidacy/Opinion:

I feel this patient is an: _____Acceptable Referral OR _____Unacceptable Referral for Transplant Evaluation

_____ Cardiovascular status precludes transplant _____ Pulmonary status precludes transplant

_____ Level of understanding and compliance precludes transplant _____ Recurrent infections preclude transplant

Note other medical problems that may preclude or place patient at an increased risk for transplant:

____________________________________________________________________________________________

_____ I do not anticipate this patient will be a candidate for transplant now or in the future due to:

____________________________________________________________________________________________

_________________________________/____________________________________ Date:__________________

Signature of referring Nephrologist Print Name

* Indicates these must be completed

February 2015
Pt’s name: ____________________________________________

Transplant Surgeon’s Opinion:
I _____Agree_____Disagree with the referring nephrologist’s opinion
I feel this patient is an:_____Acceptable _____Unacceptable _____Marginal Transplant Referral
I_____Agree_____Disagree that this patient should not be considered for renal transplant now or in the future.

__________________________________________ Date:______________
Signature of Transplant Surgeon

Referral Received:

_____Patient will be contacted by UNC Center for Transplant to schedule Renal Transplant Orientation Class.

_____Additional information is required from referring doctor/dialysis center.

________________________________________________________________________

________________________________________________________________________

_____Patient previously referred/evaluated. Outcome as follows:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

______Patient not a candidate due to:

________________________________________________________________________

________________________________________________________________________

______Other:

________________________________________________________________________

________________________________________________________________________
UNC Center for Transplant Care
Renal/Pancreas Transplant Review and Referral Form
Part II

Transplant Referral Information Check Sheet

(This information should be provided with the referral unless indicated that this patient is not a transplant candidate)

PLEASE NOTE THAT THE FOLLOWING REFERRAL INFORMATION IS REQUIRED TO INITIATE AND EXPEDITE THE TRANSPLANTATION PROCESS

_____ Completed UNC Hospitals Transplant Review and Referral Form
_____ Recent (within the past 6 months) history and physical, or the referring physician’s initial note, which includes a comprehensive history and physical
_____ Most recent hospital discharge summary
_____ Most recent EKG and Laboratory values (blood work, UA, C & S if possible)
_____ Results of any consultations obtained within the past 12 to 18 months. For example, cardiac consult to rule out MI; GI consult to evaluate guiac (+) emesis or any problems that have required additional follow up through support services
_____ Social Work Assessment
_____ Dietary Assessment
_____ Face sheet of demographics
_____ Copy of insurance cards
_____ 2728 form (if on dialysis)
_____ Documentation of GFR of 20.0 or less (if not on dialysis)
_____ PPD results
_____ Any additional information you feel would expedite the care of your patient in the evaluation process

*** We would appreciate one-side only copies****
Thank you!