

Vanderbilt Transplant Center

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Kidney/Pancreas Transplant Program
1313 21st Ave South • 912 Oxford House
Nashville, TN 37232
P: 615-936-0695 • F: 615-936-0697

Kidney/Pancreas Transplant Referral Form

Patient name: _____ DOB: _____ Age: _____
SSN: _____ Patient email address: _____
Contact Number(s): Home: _____ Cell: _____
Referring Physician: _____ Phone: _____ Fax: _____

Transplant referral for: Kidney Kidney/Pancreas Kidney/Liver Kidney/Heart
Which location does patient prefer for evaluation? Nashville, TN (Main campus) Madison, AL (Satellite clinic)
Does patient have a potential Living Donor? Yes No

Medical Information for Pre-Screening:

Height(ft/in): _____ Weight(lbs): _____ BMI: _____
History of Malignancy: Yes No If yes, please explain: _____
History of HIV: Yes No

Please note any of the following concerns:

Substance Abuse: Yes No If yes, please explain: _____
Psychosocial Issues: Yes No If yes, please explain: _____
Compliance Issues: Yes No If yes, please explain: _____
Number of unexcused/missed dialysis treatments in the last 3 months: _____

Dialysis Information:

Dialysis Center: _____ Phone: _____ Fax: _____
Type of Dialysis: Hemodialysis Peritoneal Not yet on dialysis
Schedule: M/W/F T/Th/S

Please include the following documentation to prevent delays in processing referral:

- Patient Demographics Sheet
- LEGIBLE** copy of insurance card(s) front & back
- 2728 Form if on dialysis
- Most recent clinic note from referring nephrologist or dialysis unit
- Recent labs

****Completed form along with above documentation can be faxed to 615-936-0697 ****
To refer a patient online, visit: VanderbiltTransplant.com