Kidney/Pancreas Referral Form

1265 Union Avenue, 4 Shorb Tower • Memphis, TN 38104
Phone: 901.478.9183 • Fax: 901.516.2971

Please complete this form in its entirety. Please make sure information is legible for faster processing.

PATIENT INFORMATION

Name: _____

Date of Birth: _____ Age: _____

SSN: _____

Sex: _____ Race: _____

Home phone: _____Cell phone: _____

Address:

_____

City/State: _____Zip: _____

REFERRING PROVIDER/DIALYSIS INFORMATION

Referring Physician: _____

Phone: _____

Fax: _____

Dialysis Center: _____

Phone: _____

Fax: _____

Contact Person and Title:

_____

Type of dialysis:

☐ HD ☐ PD ☐ Home HD ☐ NOT ON DIALYSIS

Dialysis Schedule: ☐ M/W/F ☐ T/TH/S ☐ NO SCHEDULE

Does the patient have a living donor? ☐ YES ☐ NO

Compliance Issues ☐ YES ☐ NO

Number of unexcused/missed dialysis treatments in the last 3 months_____

INSURANCE INFORMATION
(PLEASE PROVIDE A READABLE COPY FRONT AND BACK ALSO)

Primary Insurance: _____

Subscriber Number: _____

Group Number: _____

Relationship to Patient: _____

Secondary Insurance: _____

Subscriber Number: _____

Group Number: _____

MEDICAL INFORMATION

Organ: ☐ Kidney ☐ Pancreas ☐ Both

Height: _____ Weight: _____

BMI: _____

History of Cancer: ☐ YES ☐ NO

Wheelchair dependent. ☐ YES ☐ NO

Any other areas of Concern

_____

_____

_____

Required information to prevent delays:

- ☐ Copy of Insurance & Rx Drug Cards (front & back)
- ☐ 2728 enrollment form
- ☐ Psychosocial evaluation
- ☐ List of current medications
- ☐ Most recent labs (past 3 months)
- ☐ Patients 45 and older – Colonoscopy with pathology report
- ☐ Most recent H&P or nephrology note (last 6 months)
- ☐ Females, 17 and older – current Pap Smear report
- ☐ Females, 40 and older – current Mammogram

ALL DOCUMENTION INCLUDING REFERRAL FORM CAN BE FAXED TO 901-516-2971