

# UW Medical Center Kidney Transplant Referral Checklist

Thank you for your interest in the University of Washington Medical Center Kidney Transplant Program.

**To evaluate your patient as a candidate for kidney transplantation, please send the following information:**

- Patient Demographics (Name, DOB, Contact information)
- Referring Physician Name and NPI number
- Patient H&P
- Cardiac Testing (if available)
- Recent Labs
- Patient Insurance information (Insurer, Group #, ID #)
- For dialysis patients, please include Medicare form 2728 (if available)

*This form is a guideline for proper referral documentation. It is intended to serve only as an outline and does not need to be included in the actual referral. Additional information, visit: [www.uwmedicine.org/services/kidney](http://www.uwmedicine.org/services/kidney)*

**Please send items from the below checklist in order to expedite appointment scheduling:**

## CONSULTATION REQUEST FORM

- Patient Demographics
- Referral Reason

## PROGRESS NOTES, including:

- History & Physical

## INSURANCE INFORMATION

- Insurance Name/Type
- Subscriber Name/SSN
- Policy/Group #
- Benefits Phone #

## LABORATORY STUDIES

- Renal Panel (last year)

*Also, include the following documentation, if available:*

## REPORTS

- Cardiac (Stress, Echo, EKG)
- Vascular (Arterial)
- GI (Colonoscopy, EGD)
- Abdominal Scan (CT or US)

## NEPHROLOGY RESULTS

- Renal Biopsy Report
- Dialysis Progress Note (most recent)
- Medicare Form 2728

Referral Fax: 206.598.7176 Referral Phone: 206.598.3882