

## 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:

<b>CONSULTATION REQUEST FORM</b>	<b>PROGRESS NOTES, including:</b>
Patient Demographics	History & Physical
Referral Reason	

<b>INSURANCE INFORMATION</b>	<b>LABORATORY STUDIES</b>
Insurance Name/Type	Renal Panel (last year)
Subscriber Name/SSN	
Policy/Group #	
Benefits Phone #	

Also, include the following documentation, if available:

<b>REPORTS</b>	<b>NEPHROLOGY RESULTS</b>
Cardiac (Stress, Echo, EKG)	Renal Biopsy Report
Vascular (Arterial)	Dialysis Progress Note (most recent)
GI (Colonoscopy, EGD)	Medicare Form 2728
Abdominal Scan (CT or US)	

The patient will be scheduled for a clinic visit as soon as the paperwork has been received and reviewed. Our team will contact the patient directly to set up an appointment.

Referral Fax: 206.598.7176  
 Referral Phone: 206.598.3882

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 Kidney Transplantation  
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