INTESTINE TRANSPLANT REFERRAL FORM

Please fully complete sections 1-5. These are **essential** to start the evaluation process at UHN. Please mail or fax this completed referral form along with the listed information to:

Andrea Norgate, RN, Transplant Coordinator
Soham & Shaila Ajmera Family Transplant Centre
200 Elizabeth Street, Peter Munk Building, 12th Floor; M5G 2C4; Toronto, Ontario
Tel: 416-340-4800 x8866; Fax: 416-340-4340

Please EMAIL all referrals over 25 pages to andrea.norgate@uhn.ca

1. REFERRAL INFORMATION	
Referring Doctor: Specialty:	Tel: Fax:
Family MD (if different from Referring MD):	Tel: Fax:
Diagnosis/ Reason for Referral:	
	Tel: Fax: Email:

2. PATIENT DEMOGRAPHICS		
First Name:	Middle Name:	Last Name:
Date of Birth: _____/ _____/ _____ dd mm yyyy	Sex:	
Provincial Health Card Number and Version Code:	Health Card Expiry Date: _____/ _____/ _____ dd mm yyyy	
Race/ Ethnicity:	Is an interpreter required? □ Yes □No If yes, what language?	
Address: Street No and Name City Province Postal Code		
Home Phone:	Cell Phone:	

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3. CLINICAL INFORMATION

❑ Height(cm):	❑ Weight(kg):

4. MEDICAL HISTORY, LABORATORY AND DIAGNOSTIC TESTS

All bloodwork and diagnostic test results must be less than one year old.

General:
- ❑ Referring MD letter
- ❑ Current medication list

Diagnostic Tests:
- ❑ Doppler ultrasound screen of major vessel patency (Subclavian, Jugular, Axillary, Brachial, Femoral)
- ❑ Bone mineral density
- ❑ Abdominal ultrasound
- ❑ CT Scan Abdomen with oral and intravenous contrast
- ❑ Echocardiogram

If available, please send the following reports:
- ❑ Operative notes
- ❑ Endoscopies/Pathology Reports
- ❑ Current TPN Therapy
- ❑ Pharmacological GI Support
- ❑ Psychiatry consult notes
- ❑ Social Work notes
- ❑ Any consult notes on significant health concerns
- ❑ Hospital Discharge Summaries

Laboratory Tests:
- ❑ CBC+diff, PT, PTT/INR
- ❑ BUN, Creatinine
- ❑ Electrolytes (Sodium, Potassium, Bicarbonate, Calcium, Magnesium, Phosphate, Urate)
- ❑ Glucose
- ❑ Total Protein
- ❑ Albumin
- ❑ Liver Enzymes (AST, ALT, ALP)
- ❑ Bilirubin (total and direct)
- ❑ GGT

5. MALIGNANCY SCREENING

- ❑ Colon Cancer Screening (all patients > 50 years old)
- ❑ Mammogram (all female patients > 50 years old)
- ❑ Pap smear (all female patients > 21 years old and no history of hysterectomy)

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