

UHN KIDNEY TRANSPLANT REFERRAL FORM

Please complete sections 1-4. These are **mandatory** to start the evaluation process at UHN. Section 5 test results must be sent in before the patient completes their kidney transplant evaluation. If results from testing contained in section 5 are available at the time of initial referral, please also send those results. All test results from section 5 that are not sent with the initial referral must be sent within 60 days of referral date.

For referrals received with incomplete testing, we will hold the referral up to 90 days for centres to submit section 4 test results. If section 4 referral testing is still not complete after 90 days, we understand that this may not be the right time for your patient to undergo kidney transplant assessment and the referral will be inactivated. If, in the future, all section 4 testing is completed, please resend a referral and UHN will be happy to process it.

1. REFERRAL PROGRAM INFORMATION				
Referring MD:		Telephone:		
Referral/Dialysis Centre:		Centre Contact Name:		
Telephone:		Email Address:		
2. PATIENT DEMOGRAPHICS				
First Name (Legal):	Middle Name (Legal):		Surname (Legal):	
Date of Birth: ___/___/___ dd mmm yyyy		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Provincial Health Card Number <i>(include any letters that follow the numbers)</i> :				
Expiry Date: ___/___/___ dd mmm yyyy				
Race/Ethnicity:		Is an interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:		
<i>Street No and Name Apt No City Province Postal Code</i>				
Address:				
Home Telephone:		Cell Telephone:		Work Telephone:
3. CLINICAL INFORMATION				
Cause of End Stage Kidney Disease:				
Currently on Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No (Pre-emptive)		Dialysis Start Date: ___/___/___ dd mmm yyyy		
Potential Living Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dialysis Type:		
Medical Urgency for Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason: <input type="checkbox"/> Uremic Cardiomyopathy <input type="checkbox"/> Uremic Neuropathy <input type="checkbox"/> Last Dialysis Access				

