



Toll-Free: 800-249-5864, option 4
Local: 919-613-7777, option 4
Fax: 919-681-8860

Duke Transplant Services
Heart Transplant Program

USPS: Box 102347, Durham, NC 27710
FedEx/UPS: 330 Trent Drive, Room 132
Hanes House, Durham, NC 27710

Patient Demographic Information

Date: _____

Patient Name: _____

If Patient Is Under 18, Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Gender: M F Race: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Patient E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Referring Physician Information

Name: _____

Practice Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

E-mail: _____

Name of Person Completing This Form: _____

Patient Insurance Information (attach copy of both sides of card)

Insurance Name: _____

Policyholder's Name: _____

Policyholder's DOB: _____ Insurance Phone: _____

Policy Number: _____ Group Number: _____

Secondary Insurance Information (attach copy of both sides of card)

Insurance Name: _____

Policyholder's Name: _____

Policyholder's DOB: _____ Insurance Phone: _____

Policy Number: _____ Group Number: _____

Patient General Clinical Information

If Available, Duke History Number: _____ Smoking Cessation Date: _____

Patient Height: _____ Patient Weight: _____

Medical Information

- Any pertinent medical records
Most recent history and physical (clinic notes)
Reports of previous cardiac catheterization, stress test, and/or echocardiogram
Recent chest x-ray report
Operative reports from any thoracic surgeries