



Toll-Free: 800-249-5864, option 2
Local: 919-613-7777, option 2
Fax: 919-668-3897

Duke Transplant Services
Kidney and Pancreas Transplant Program
USPS: Box 102347, Durham, NC 27710
FedEx/UPS: 330 Trent Drive, Room 208
Hanes House, Durham, NC 27710

Patient Demographic Information

Date: _____

Patient 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: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____
E-mail: _____ Form completed by: _____

Medicare/Medicaid/Blue Card (attach copy of both sides of card)

Private Insurance (attach copy of both sides of card)

Medicare: _____
Medicaid: _____
Blue Card: No Yes

Insurance Name: _____
Policyholder's Name: _____
Policyholder's DOB: _____
Policy Number: _____
Insurance Phone: _____
Group Number: _____

Patient General Clinical Information

If Available, Duke History Number: _____
Patient Height: _____ Patient Weight: _____ Diabetes: No Yes
Cause of Chronic Kidney Disease: _____ Is this referral for kidney/pancreas transplant? No Yes
Current Modality: CAPD CCPD ICHD Home Hemo Pre-Dialysis CKD
Dialysis Days: M, W, F T, TH, S Nocturnal Date of First Dialysis Visit: _____
Current Dialysis Unit: _____ Address: _____
Dialysis Unit Phone: _____ Dialysis Unit Fax: _____

Required Medical Information

If Completed

- 1. Physician or extender dialysis notes with weekly progress notes and current problem list
2. Most recent complete history and physical examination (office notes for pre-dialysis patients)
3. PPD results (if positive, please send record of treatment received)
4. Social work assessment (please include both the initial/baseline with the most recent assessment)

- 1. Most recent hospital summaries: EKG, CT Scan Report(s), Chest X-Rays, Other X-Ray Studies, Ultrasound Report(s), and Lab Values
2. Results within the last 12-18 months (i.e., cardiac consults, especially functional cardiac studies or result of cardiac catheterization; GI consults; colonoscopy; psychological consults)
3. Age-appropriate cancer screening
- Female patients: pap smear results
female patients >40: most recent mammogram
- Male Patients >50: PSA results
- All Patients >50: colonoscopy results
4. Nutritional assessment