



Toll-Free: 800-249-5864, option 3
Local: 919-613-7777, option 3
Fax: 919-681-7930

USPS: Box 102347, Durham, NC 27710
FedEx/UPS: 330 Trent Drive, Room 213
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)

Secondary Insurance (attach copy of both sides of card)

Insurance Name: _____

Policyholder's Name: _____

Policyholder's DOB: _____

Policy Number: _____

Insurance Phone: _____

Group Number: _____

Pharmacy Vendor: _____ Rx Policy Number: _____ Rx Phone: _____

Patient General Clinical Information

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

Patient Height: _____ Patient Weight: _____

Medical Information Requested to Schedule Appointment

- 1. Most recent clinical summary and current medications, treatment plans, and past medical history or typed consult letter including patient's clinical summary and pertinent medical history
2. Lab results within 60 days including total bilirubin, prothrombin time with INR, and chemistry panel including creatinine and sodium
3. Abdominal imaging reports (Doppler ultrasound, CT, MRI) within last 12 months
4. Procedural reports including liver biopsy pathology, endoscopy, or colonoscopy most recently completed, if available
5. For patients with substance abuse history*:
a. Summary of alcohol and/or substance abuse
b. Date of abstinence
c. Date rehabilitation counseling initiated
d. Documentation of three random screens
* Items may be included in dictated summary or letter.
Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance to NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.