



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

### Referral Request | Kidney Transplant Evaluation Checklist

Main Telephone: 617-638-8430

**Referral Fax: 617-638-8427**

Clinic Fax: 617-638-8427

Date: \_\_\_\_\_

Dear Referring Provider,

Thank you for referring your patient to the Boston Medical Center Kidney Transplant Program for a Kidney Transplant Evaluation. Please review this form to understand our referral process and the necessary documents for scheduling an evaluation. Ideally, a referral would include all of the items listed below.

- Patient Demographics**, please include insurance information including insurance card copies
- Primary Language:** \_\_\_\_\_
- Patient Social Security Number:** \_\_\_\_\_
- Nephrologist Name** \_\_\_\_\_ Tel # \_\_\_\_\_ + \_\_\_\_\_ Fax# \_\_\_\_\_
- Dialysis Center:** \_\_\_\_\_ Tel # \_\_\_\_\_ Fax# \_\_\_\_\_
- Dialysis Days:** \_\_\_\_\_ Dialysis Start Date: \_\_\_\_\_
- Most recent **clinical note or discharge summary** describing patient’s kidney disease along with their **medical and surgical history**
- Medicare 2728 form – required to list to UNOS**
- PPD results
- Medication list**
- Cardiac testing results, please include cardiac clinic notes if available
- Colonoscopy results
- Mammogram/Pap smear results
- Most recent lab results
- Hepatitis B vaccination given:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_
  - Non Responder:** \_\_\_\_\_ (Yes/No after 8 doses)
- Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BMI:** \_\_\_\_\_
- COVID VACCINE** Date #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ **Type: Moderna or Pfizer**

Once our financial and clinical team review the incoming referral documents, a Kidney Transplant Evaluation appointment will be scheduled for your patient.

Once the patient has been scheduled they will receive a New Patient Packet in the mail that includes a copy of our "Patient Education" along with a copy of the "Informed Consent for kidney Transplant Evaluation" to review before the appointment.

Please contact our Clinical Transplant Administrator if you have any clinical questions or concerns.

Karen Curreri RN CCTC  
Clinical Transplant Administrator  
617-638-8368 desk/voice mail  
617-638-8427 fax

Thank you for your referral!

Boston Medical Center | Division of Kidney Transplantation

Main Telephone: 617-638-8430  
Referral Fax: 617-638-6756  
Clinic Fax: 617-638-8427