

**Methodist**  
**Transplant Center**

**For Patient Referral:**  
**(713) 441-5451**

**(888) 393-3986**

**KIDNEY**       **KIDNEY/PANCREAS**       **PANCREAS**       **SPANISH**

**Patient Demographics**

**Referral Date** \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  M  F Race \_\_\_\_\_ Marital Status  M  S  D  W

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Alternate Phone \_\_\_\_\_

Referring MD \_\_\_\_\_

Referring MD Phone \_\_\_\_\_ Referring MD FAX \_\_\_\_\_

Dialysis Type  Hemo  PD Comments: \_\_\_\_\_

Dialysis Days  M-W-F  T-Th-Sa Comments: \_\_\_\_\_

Dialysis Start Date \_\_\_\_\_ Access Type  Catheter  Fistula  Graft

Dialysis Center Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ FAX: \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ BMI \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ PCP Number \_\_\_\_\_

**Insurance Information**

Patient is insured party  Yes  No

Cobra  Yes  No

Name of Insurance Carrier \_\_\_\_\_

Group Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Phone Number \_\_\_\_\_

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Group Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If Insured other than patient- Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Medicare Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Medicare Part D  Yes  No Medicare Part D Number \_\_\_\_\_

Plan Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medicaid Plan \_\_\_\_\_ Recipient Number \_\_\_\_\_

ESRD= End Stage Renal Disease CA= Cancer HTN=Hypertension DM = Diabetes Mellitus  
Liver DZ= Liver disease

**Social History**

Years of Education:  None  Grade School  High School  Some College  College grad  Post grad  
Currently working?  No  Yes  Full-time  Part-time Occupation: \_\_\_\_\_  
Employer \_\_\_\_\_ Years at Occupation \_\_\_\_\_  
Disability Status  Yes  No Disability Start Date: \_\_\_\_\_  
ETOH History  None  Abuse Type \_\_\_\_\_ Yr. Started \_\_\_\_\_ Yr. Stopped \_\_\_\_\_  
Smoking History  None PPD \_\_\_\_\_ Yr. Started \_\_\_\_\_ Yr. Stopped \_\_\_\_\_  
Drug Use  None Type \_\_\_\_\_ Yr. Started \_\_\_\_\_ Yr. Stopped \_\_\_\_\_  
Exercise  None Type \_\_\_\_\_ Yr. Started \_\_\_\_\_ Yr. Stopped \_\_\_\_\_

**Medical History**

Original Disease:  HTN  DM  Other: \_\_\_\_\_  
Biopsy Results:  Yes  No Date: \_\_\_\_\_  
Allergies  NDKA  Yes \_\_\_\_\_ Latex gloves :  Yes :  No  
Other: \_\_\_\_\_  
Previous Transplant?  Yes  No Comments \_\_\_\_\_  
Transplant Date \_\_\_\_\_ Transplant Date \_\_\_\_\_  
Type \_\_\_\_\_ Side \_\_\_\_\_ Type \_\_\_\_\_ Side \_\_\_\_\_  
Date Rejected \_\_\_\_\_ Date Removed \_\_\_\_\_ Date Rejected \_\_\_\_\_ Date Removed \_\_\_\_\_  
Previous Transfusions?  Yes  No How many? \_\_\_\_\_ Date of last \_\_\_\_\_  
No. of pregnancies \_\_\_\_\_ No. of live births \_\_\_\_\_ Mammogram  Yes  No Date: \_\_\_\_\_  
Location:  TMH  Other: \_\_\_\_\_ If yes: Breast implants  Yes  No Catheter  Yes  No

HTN (Hypertension)  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Diabetes  Yes  No Age of Onset \_\_\_\_\_ Type of Meds: \_\_\_\_\_  
Anemia  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Tuberculosis (TB)  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Lung Disease  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Heart Disease  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Bone Disease  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Peptic Ulcer Disease  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Hepatitis  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Type  A  B  C  
Cancer  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_  
Type \_\_\_\_\_  
HIV  Yes  No Age of Onset \_\_\_\_\_ Comments \_\_\_\_\_

**Surgical History**

Previous surgeries Date Where?  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Family History**

**Mother:**  ESRD  CA  HTN  DM  Liver DZ **Grandmother:**  ESRD  CA  HTN  DM  Liver DZ  
**Father:**  ESRD  CA  HTN  DM  Liver DZ **Grandfather:**  ESRD  CA  HTN  DM  Liver DZ  
**Children:**  ESRD  CA  HTN  DM  Liver DZ **Brothers:**  ESRD  CA  HTN  DM  Liver DZ  
**Sisters:**  ESRD  CA  HTN  DM  Liver DZ

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