INTEGRIS
NAZIH ZUHDI
Transplant Institute
BAPTIST MEDICAL CENTER

Kidney and Pancreas Division Referral Form

Patient Name: *(please print clearly)*	Date of Referral:		SSN:
Address:	Date of Birth:		Single Divorced Married Widowed
City, State, Zip:	Sex:	Race:	Cell Phone:
Have there been any non-compliance concerns in the last 3 months? **Yes** ☐ **No** ☐ **If yes, please provide supportive documentation.**	Home Phone:		Work Phone:

Is this referral for: (*circle one*) Kidney Only Pancreas Only or Kidney & Pancreas

Nephrologist Information

Referring Nephrologist:______________________________

Address City, State ZIP

Phone #: ________________ Fax #:________________

Cause of ESRD: ________________________
Mandatory field

On ALL Patients:

Please forward the following information to fax #: (405)713-7465

Current Lab	Cardiac Stress Tests
H&P	ECHO
D/C Summary	Colonoscopy
EKG	Ultrasounds
Chest X-Ray	CAT scans

Does Patient have Indian Health Services? Yes ☐ No ☐

Is Patient on Dialysis? Yes ☐ No ☐
If yes, list Date Started:_________________
Then provide the following information:

Dialysis Center: ____________________________________

Address City, State ZIP

Phone #: ____________________Fax #: ________________

Type: Hemodialysis ☐ PD ☐ Schedule:______________
If patient is on Dialysis, please provide:
Psychosocial History, Documentation of Hep B immunization, Last Flu Shot and Last Pneumo Vax Shot

Check patient's special needs:

☐ Blindness ☐ Illiterate
☐ Deaf ☐ Does not speak English
☐ Other: ___________________________

Insurance Information

Primary:________________________________ Phone #:_________________________

Primary Policy #:___________________________________Group #:_________________

Policy Holder's Name: ____

Policy Holder's SSN: ______________________ ID#:____________________________

Secondary:______________________________ Phone#:___________________________

Secondary Policy #:_______________________________Group #:____________________

Policy Holder's Name: ____

Policy Holder's SSN: _____________________ ID#:______________________________