



University of Kentucky Transplant Center
Heart Transplant Consultation Request Form

To refer a patient to the University of Kentucky Heart Transplant program, please fax this form and your cover sheet to 859-257-7402. To speak with a representative directly, call toll free 1-800-456-5287. We appreciate your referral and look forward to working with you and your patients.

Patient Information

Last name First name Middle initial Date of birth (month/day/year)

Mailing address Social Security number

City State Zip Sex Male Female

Maiden name (_____) _____
Phone number

Interpreter needed? Y N Clinic location: Ashland Lexington Louisville (in collaboration with Norton Healthcare)

Referring Physician Information

Physician name Contact name (_____) _____
Phone number

Physician NPI number Email

Address (_____) _____
Fax number

City State Zip code County

Reason for Consultation

- Heart Failure
- Heart Transplant
- VAD
- Pulmonary Hypertension Management

If available, please provide the following items with this fax:

- Patient demographic sheet
- Copy of insurance cards (front and back)
- Medication list
- Most recent laboratory results
- Previous cardiac testing (EKG, stress test, echo, cath) and radiology testing (ultrasound, CT, chest x-ray)
- Recent history and physical and/or discharge summaries
- Social work notes

If your referral requires immediate attention, please call UK•MDs at 800-888-5533 and ask to speak with the transplant physician on call. To discuss a medical issue, contact the transplant nurse coordinators toll free at 800-456-5287 or locally 859-323-4620.

This form can be found online at www.ukhealthcare.uky.edu/transplant/providers.htm