KIDNEY/PANCREAS REFERRAL

Phone: 404.605.4600 or 888.605.5888

Fax: 404.609.6620 or 404.609.6728

Date: _____

Person completing form: _____

Title: _____

Contact Info: _____

1968 Peachtree Road • Atlanta, Georgia 30318
404.605.4600 • piedmonttransplant.org

PATIENT INFORMATION

Last Name: _____

First Name: _____ MI: _____

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____

DOB: _____ Gender: ❑ M ❑ F Race: _____

TYPE OF REFERRAL

❑ Kidney ❑ Kidney-Pancreas ❑ Pancreas Only ❑ Other Consult

If other consult, reason: _____

Requested Location: ❑ Atlanta ❑ Albany ❑ Dalton ❑ Macon ❑ Savannah

Referring Physician: _____

NPI: _____

Address: _____

Phone: _____ Fax: _____

SPECIAL REQUEST

❑ Wheelchair/Mobility Assistance

❑ Language Services

❑ Supplemental Oxygen

REQUIRED DOCUMENTS

❑ Insurance Cards
Faxed copy must be legible

❑ FORM 2728 if on dialysis

❑ Recent Labs with estimated GFR

❑ Recent H+P

❑ PCP referral, if required, **MUST** be done **BEFORE** evaluation can be scheduled

❑ Face Sheet (Demographics)

MEDICAL INFORMATION

Cause of renal failure: _____ Dialysis Center: _____

Type of dialysis: ❑ In-Center ❑ HD ❑ PD ❑ Home HD

HD Schedule: ❑ M-W-F ❑ Tu-Thu-Sat ❑ Other: _____ Start Date: _____

Is patient diabetic? ❑ Yes ❑ No If Yes: ❑ Type I ❑ Type II HIV Status: ❑ Postive ❑ Negative ❑ Unknown

Does patient smoke or have a history of smoking? ❑ Yes ❑ No

FOR PIEDMONT USE Received by: _____ Date/Time: _____

PANCREAS AND KIDNEY/PANCREAS TRANSPLANT SELECTION CRITERIA

INDICATIONS

A. Type I Diabetes Mellitus with secondary complications
   1. Chronic kidney disease (stage 4-6) requiring renal transplant
   2. Previous kidney transplant

B. Mentally Competent

C. Patient Desires a Pancreas or Combined Kidney and Pancreas Transplant/PAK and PTA
   1. Type I
   2. Type II
      a. Insulin Dependent
      b. BMI < 30
      c. Insulin Dependent < 1u/kg/day

D. Candidates are usually between the ages of 16-50 years

EXCLUSIONS

A. Absolute Contraindications:
   1. Active malignancy, or incompletely treated malignancy (excluding non-melanoma skin cancers)
   2. Severe chronic lung disease
   3. Significant, nonreversible cardiac disease
   4. Sepsis
   5. Unstable major psychiatric disorders
   6. Inability to understand risks of transplant and care for self afterwards (informed consent) without adequate domestic support
   7. HIV positive
   8. Active substance abuse including tobacco

B. Relative Contraindications:
   1. Active infection
   2. Irreversible coagulation disorder
   3. Active immunologic disease
   4. Evidence of previous substance abuse, abstinent less than six months
   5. BMI greater than 30
   6. Age greater than 50 years
   7. Noncompliance
   8. Other end stage organ dysfunction other than renal (excluding retinopathy and/or mild-moderate peripherovascular disease)
   9. Advanced liver disease (unless patient considered for Pancreas/Liver Transplant)
   10. Absence of financial resources to support transplant and post transplant follow-up including medications, living expenses, transportation and medical care
   11. Psychiatric disease, mild to moderate compensated:
       a. Schizophrenia
       b. Bipolar Disorder
       c. Schizophrenic Affective Disorder
   12. Dementia or severe cognitive disorder
   13. Diagnosis of malignancy
   14. Active peptic ulcer disease
   15. Probation, unresolved criminal charges or pending criminal investigations
   16. Incarceration

KIDNEY TRANSPLANT SELECTION CRITERIA

INDICATIONS

A. Chronic kidney disease with GFR less than or equal to 20 ml/min or on dialysis
B. Mentally competent
C. Patient desires a kidney transplant
D. Candidates are usually greater than or equal to 16 years.

EXCLUSIONS

A. Absolute Contraindications:
   1. Active malignancy, or incompleted treated malignancy (excluding non-melanoma skin cancers)
   2. Severe chronic lung disease
   3. Significant, non-reversible cardiac disease
   4. Unstable major psychiatric disorders
   5. Inability to understand risks of transplant and care for self afterwards (informed consent) without adequate domestic support
   6. Sepsis
   7. Active substance abuse
   8. Tobacco use in the setting of:
      a. Diabetes mellitus
      b. Coronary artery disease
      c. Peripheral vascular disease
      d. Chronic lung disease

B. Relative Contraindications:
   1. Active infection
   2. Irreversible coagulation disorder
   3. Active immunologic disease
   4. Evidence of previous substance abuse, abstinent less than six months
   5. BMI greater than 36
   6. Noncompliance
   7. Advanced liver disease (unless patient considered for Liver/Kideny transplant)
   8. Absence of financial resources to support transplant and post transplant follow-up including medications, living expenses, transportation and medical care
   9. Advanced vascular disease (unless patient considered for combined Liver/Kidney transplant)
   10. Psychiatric disorder, mild to moderate compensated:
       a. Schizophrenia
       b. Bipolar disorder
       c. Schizophrenic affective disorder
   11. Dementia or severe cognitive disorder
   12. Diagnosis of malignancy
   13. Active peptic ulcer disease
   14. HIV Positive (if CD4 greater than 200 and viral load undetectable-patient can be considered for transplant)
   15. Probation, unresolved criminal charges or pending criminal investigations
   16. Incarceration

Piedmont TRANSPLANT

SATELLITE LOCATIONS

Albany • Dalton • Macon • Savannah

1.888.605.5888

01740-0313