



# University of Kentucky Transplant Center

## Heart Transplant and Ventricular Assist Device Consultation Form

To refer a patient to the University of Kentucky Heart Transplant and Ventricular Assist Device 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.

**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

### Reason for Consultation

- Heart Failure
- Heart Transplant/Ventricular Assist Device

### Patient Information

_____	_____	_____	_____
Last name	First name	Middle initial	Date of birth (month/day/year)
_____			_____
Mailing address			Social Security number
_____			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	(_____) _____
City	State	Zip	Phone number
_____			
Maiden name			
Interpreter needed? <input type="checkbox"/> Y <input type="checkbox"/> N      Clinic location: <input type="checkbox"/> Lexington <input type="checkbox"/> 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

**This form can be found online at [www.ukhealthcare.uky.edu/transplant](http://www.ukhealthcare.uky.edu/transplant)**