



University of Kentucky Transplant Center
Lung Transplant Consultation Form

To refer a patient to the University of Kentucky Lung Transplant program, please fax this form and your cover sheet to 859-257-7402. To speak with a representative directly, call 859-323-3408. 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) if available
- Recent history and physical and/or discharge summaries
- Social work notes if available
- Pulmonary function tests

Reason for Lung Transplant Consultation

- Chronic Obstructive Pulmonary Disease (FEV-1 below 30% predicted)
- Cystic Fibrosis (FEV-1 below 30% predicted)
- Pulmonary Hypertension
- Interstitial Lung Disease/Pulmonary Fibrosis (at time of diagnosis or initiation of home oxygen)
- Black Lung

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 _____ Mother's maiden name _____ (_____) _____
 Phone number _____
 Interpreter needed? Y N Height _____ Weight _____
 Clinic location: 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 _____

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 at 859-323-3408.

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