For MGH Use Only:	
Date:	

Northampton, MA 01060



## Confidential / Kidney Transplant Candidate New Patient Referral

Thank you for your interest in the Kidney Transplant Program at the Massachusetts General Hospital .

Please fill out the form below AND send the following in order for us to move forward with this referral:

- ► Recent Nephrology Visit Note
- ► PCP Note & Discharge summary if recently hospitalized

Patient's name:		
Patient's phone:		
Patient's date of birth:		
Height	Weight	BMI
Is the patient on dialysis? $\Box$	NO YES (if yes, please include	2728 form) Days on dialysis or PD?
If yes, which center?		
If no, current eGFR		
Referring physician (nephrologis	t) name:	
Referring physician telephone:	<del>.</del>	
Has the patient been evaluated/li	sted for a kidney transplant at anothe	r center?  NO YES
If yes, which center?		
Please select the preferred clinic locat	ion for your patient's initial evaluatio	n:
☐ Boston, MA	Northampton, MA 🔲 Port	tsmouth, NH Nashua, NH
Massachusetts General Hospital Transplant Center 165 Cambridge Street, Suite 301 Boston, MA 02114-2696 Mass General/Cooley Dickinson Hospital Kidney Evaluation Clinic 30 Locust Street	Massachusetts General Hospita Kidney Evaluation Clinic 38 Tyler Street – 2nd Floor Nashua, NH 03060 Massachusetts General Hospita Kidney Evaluation Clinic 121 Corporate Drive Building A	Tel: (617) 726-6631 or (877) 644-2860) Fax: (617) 726-0822 www.massgeneral.org/transplant

If the patient has never received medical care at MGH, he/she will need to contact outpatient registration to obtain a medical record number. Appointments cannot be scheduled without a medical record so we urge patients to register as soon as possible by calling 781-960-1201 or 866-211-6588.

Portsmouth, NH 03801