

For MGH Use Only:

Date: \_\_\_\_\_



MASSACHUSETTS  
GENERAL HOSPITAL  
TRANSPLANT CENTER

# Confidential / Kidney Transplant Candidate New Patient Referral

Thank you for your interest in the Kidney Transplant Program at 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?  NO  YES (if yes, please include 2728 form) Days on dialysis or PD? \_\_\_\_\_

If yes, which center? \_\_\_\_\_

If no, current eGFR \_\_\_\_\_

Referring physician (nephrologist) name: \_\_\_\_\_

Referring physician telephone: \_\_\_\_\_

Has the patient been evaluated/listed for a kidney transplant at another center?  NO  YES

If yes, which center? \_\_\_\_\_

**Massachusetts General Hospital  
Transplant Center**  
165 Cambridge Street, Suite 301  
Boston, MA 02114-2696

**Massachusetts General Hospital  
Kidney Evaluation Clinic**  
38 Tyler Street – 2nd Floor  
Nashua, NH 03060

**Mass General/North Shore  
Outpatient Center**  
102-104 Endicott Street  
Danvers, MA 01923

**Massachusetts General Hospital  
Kidney Evaluation Clinic**  
1750 Elm Street – Suite 201A  
Manchester, NH 03104

**Tel: (617) 726-6631 or (877) 644-2860**  
**Fax: (617) 726-0822**  
www.massgeneral.org/transplant  
mghkidneytransplant@partners.org

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.**