

Kidney Transplant New Patient Referral



MASSACHUSETTS
GENERAL HOSPITAL

TRANSPLANT CENTER

Please return this form and requested documents by fax or email

Phone: 617-726-6631 or 877-644-2860

Fax: 617-726-0822

Email: mghkidneytransplant@partners.org


Patient Information

Patient Name		First	Middle Initial	Last	Sex	Date of Birth (mm/dd/yyyy)		
Address						Height	Weight	BMI
City			State	Zip	Primary Phone			
Patient E-mail			Other Contact			Contact Phone		
Dialysis Days		Dialysis Center Name		Dialysis Center Address				
<input type="checkbox"/> MWF <input type="checkbox"/> TTS								

Referring Provider

Referring Physician Name		First	Last	Date (mm/dd/yyyy)		
Office Address				NPI #		
City		State	Zip	Telephone		
Referring Physician E-mail			Contact Person			
Patient listed at other Transplant Center(s)?		If Yes, list center name(s):			Is the patient aware of this referral?	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Checklist

Primary Diagnosis (ICD10 Code)		
Please include the following information with your submission:		
<input type="checkbox"/> If on dialysis, 2728 form must be included with referral submission.	<input type="checkbox"/> If not on dialysis, current eGFR: _____	
<input type="checkbox"/> Recent nephrology visit note.	<input type="checkbox"/> Select if considering pancreas transplant	
<input type="checkbox"/> PCP note & discharge summary, if recently hospitalized.		
Please select the preferred Kidney Evaluation Clinic location for your patient's initial evaluation*:		
<input type="checkbox"/> Massachusetts General Hospital Transplant Center 165 Cambridge Street, Suite 301 Boston, MA 02114	<input type="checkbox"/> Mass General Cooley Dickinson Hospital 30 Locus Street Northampton, MA 01060	<input type="checkbox"/> Mass General Hospital 38 Tyler Street - 2nd Floor Nashua, NH 03060
<input type="checkbox"/> MGH EqKT Chelsea HealthCare Center 100 Everett Ave., Chelsea, MA 02114-2696	<input type="checkbox"/> Mass General Pease Wentworth-Douglass Hospital 121 Corporate Drive Building A Portsmouth, NH 03801	 Scan to learn more about the MGH EqKT Initiative at Chelsea HealthCare Center
<p><i>*Patients may be seen at a different location than selected depending on access, patient needs, and preferences. To schedule appointments, a medical record is required. We urge patients to register as soon as possible by calling 781-960-1201 or 866-211-6588.</i></p>		