PANCREAS/ISLET AFTER KIDNEY TRANSPLANT REFERRAL FORM

(Form Revised on November 2023 by Andrea Norgate, RN)

Please fully complete sections 1-5. These are **essential** to start the evaluation process at UHN. Please mail or fax this completed referral form along with the listed information to:

Andrea Norgate, RN
Transplant Coordinator; Kidney/ Pancreas Transplant Program
200 Elizabeth Street, Peter Munk Building, 12th Floor; M5G 2C4; Toronto, Ontario
Tel: 416-340-4800 x8866; Fax: 416-340-4340

1. REFERRAL INFORMATION	
Referring MD: Specialty:	Tel: Fax:
Family MD (if different from Referring MD):	Tel: Fax:
Kidney Transplant Centre:	
Kidney Transplant Centre Contact Name:	Tel: Fax: Email:

2. PATIENT DEMOGRAPHICS		
First Name:	Middle Name:	Last Name:
Date of Birth: _____/ _____/ _____ dd mm yyyy	Sex:	
Provincial Health Card Number and Version Code: _____ - _____ - _____ _____ VC	Health Card Expiry Date: _____/ _____/ _____ dd mm yyyy	
Race/ Ethnicity:	Is an interpreter required? □ Yes □No If yes, what language?	
Address: Street No and Name City Province Postal Code		
Home Phone:	Cell Phone:	e-mail:

3. CLINICAL INFORMATION

Dialysis Start Date: ____/ ____/ ____ Kidney Transplant Date: ____/ ____/ ____ dd mm yyyy	Diabetes: □ Type I □ Type II □ Unknown

4. REQUIRED MEDICAL HISTORY, LABORATORY AND DIAGNOSTIC TESTS

All bloodwork and diagnostic test results must be less than one year old.

General:

- ❑ Referring MD letter
- ❑ Current medication list

Diagnostic Tests:

- ❑ Chest X-Ray (PA and lateral)
- ❑ CT Abdo/pelvis – non-contrast
- ❑ Stress Echocardiography DOBUTAMINE stress ECHO preferred. If medically contraindicated or not available, then a Transthoracic Echocardiogram AND a Stress MIBI Scan should be performed.

If available, please send the following reports:

- ❑ Operative notes on past surgeries
- ❑ Endocrinology consult notes
- ❑ Nephrology consult notes
- ❑ Psychiatry consult notes
- ❑ Social Work notes
- ❑ Smoking History
- ❑ Any consult notes on significant health concerns
- ❑ Hospital Discharge Summaries

Laboratory Tests:

- ❑ ABO with Rh Factor
- ❑ C-Peptide
- ❑ CBC, INR
- ❑ Electrolytes (Sodium, Potassium, Bicarbonate, Calcium, Magnesium, Phosphate)
- ❑ Creatinine
- ❑ Albumin
- ❑ Bilirubin
- ❑ Liver Enzymes (AST, ALT, ALP)
- ❑ HbA1C and C-peptide
- ❑ Parathyroid Hormone (PTH)
- ❑ Thyroid Stimulating Hormone (TSH)
- ❑ Hepatitis B Surface Antibody
- ❑ Hepatitis B Core Antibody
- ❑ Hepatitis B Surface Antigen
- ❑ Hepatitis C Antibody
- ❑ Varicella IgG
- ❑ VDRL
- ❑ HIV I & II
- ❑ HTLV
- ❑ Cytomegalovirus IgG
- ❑ Epstein Barr Virus IgG
- ❑ Sickle Cell Screen
- ❑ Cholesterol/ Triglycerides; HDL/LDL
- ❑ 24 Hour Urine Collection
- ❑ Urine Albumin/ Creatinine Ratio
- ❑ Polyoma PCR
- ❑ Tuberculosis Screening

5. MALIGNANCY SCREENING

- ❑ Colon Cancer Screening (all patients > 50 years old)
- ❑ Mammogram (all female patients > 50 years old)
- ❑ Pap smear (all female patients > 21 years old who are sexually active and no history of hysterectomy)

Should you have any questions please do not hesitate to contact our office.

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