UL Health

Trager Transplant Center

200 Abraham Flexner Way,
Louisville, KY 40202
Phone:502.587-4384 Fax: 502-587-4781

To refer a patient to, fax this form and your cover sheet to fax numbers below. You will get a confirmation that your referral was received. For URGENT referrals, call 502-587-4384 to speak directly to a team member.

It is our goal to exceed your expectations of care coordination.

Referral Type: ☐ **Advanced Heart Failure Therapies** (Including Heart Transplant and Mechanical Circulatory Support (VAD)) ☐ **Lung Transplant**

PATIENT INFORMATION		**Date of Referral:**
Patient's Name:		
Date of Birth:	Age:	Social Security Number:
Mailing Address:		
Phone Number: Home: ( )		Cell: ( )
Gender: ☐ Male ☐ Female	Race:	Height: Weight:
Emergency Contact:		
Relationship to Patient:		Phone Number: ( )
PHYSICIAN INFORMATION		
Referring Physician:		Primary Care Physician:
Practice/group name:		Practice/group name:
Phone Number: ( )		Phone Number: ( )
Fax Number: ( )		Fax Number: ( )
Diagnosis:		
PRIMARY INSURANCE INFORMATION: (attach copy of both sides of cards)		
Company:	Policy ID:	Group ID:
Policyholder's Name:		Policyholder's DOB:
Phone Number: ( )		Fax Number: ( )
SECONDARY INSURANCE INFORMATION: (attach copy of both sides of cards)		
Company:	Policy ID:	Group ID:
Policyholder's Name:		Policyholder's DOB:
Phone Number: ( )		Fax Number: ( )

To refer to the following programs, fax this referral form and applicable information to:

502-587-4781

To expedite your referral please include the following information if available:

- ☐ **Copy of insurance cared (front and back)**
- ☐ **Most recent H&P or clinic note**
- ☐ **Reports of previous cardiac cath, stress test, and Echo**
- ☐ **Pertinent Demographic Sheet**
- ☐ **6 minute walk**
- ☐ **PFT, ABGs**
- ☐ **Medication List**
- ☐ **Radiology Reports (CT, Chest X-ray, ultrasound, etc.)**
- ☐ **Cardiac Testing (EKG, Stress Test, Echo, Cath, etc.)**
- ☐ **Most Recent Labs**