

Trager Transplant Center

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))

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

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| <input type="checkbox"/> Copy of insurance card (front and back) | <input type="checkbox"/> 6 minute walk | <input type="checkbox"/> Radiology Reports (CT, Chest X-ray, ultrasound, etc.) |
| <input type="checkbox"/> Most recent H&P or clinic note | <input type="checkbox"/> PFT, ABGs | <input type="checkbox"/> Cardiac Testing (EKG, Stress Test, Echo, Cath, etc.) |
| <input type="checkbox"/> Reports of previous cardiac cath, stress test, and Echo | <input type="checkbox"/> Medication List | <input type="checkbox"/> Most Recent Labs |
| <input type="checkbox"/> Pertinent Demographic Sheet | | |