

Islet Transplant Referral Form

Referral Date: (DD/MM/YYYY): _____

 Referrals are accepted from Endocrinologists and Primary Care Providers. **INCOMPLETE REFERRALS WILL NOT BE ACCEPTED.**

PATIENT CONTACT INFORMATION		
Last name:	First name:	Address:
<input type="checkbox"/> Male <input type="checkbox"/> Female Race:		
PHN:	DOB:	
Home phone:	Cell phone:	Email:
Contact Person: Name:		Relationship: Phone :
Referring Physician:		
Phone:		Fax:
Primary Care Provider:		
Phone:		Fax:
Address:		
Other Specialists involved with care:		
Age Diabetes Diagnosed:		
Insulin Type & Doses:		
Previous Kidney Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date:	Donor: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	
Previous Islet Transplant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date(s):		
Height:	Weight:	
Smoking history:		
Cannabis history:		
Does the patient speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
if no, what language?		
Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special needs:		

To be submitted with referral form:

A) Mandatory Reports

☐ Information regarding medical history

☐ Lab work including:

- Hematology:** CBC and Differential
- Chemistry:** Na, K, HbA1c, Creatinine, GFR
- Urine Studies:** urine ACR

☐ Psychosocial concerns and notes, if any

B) To avoid delays, please include, if available:

Lab work including:

- Chemistry:** Cl, bicarb, Albumin, Total protein, Ca, MG, PO4, Uric acid, CK, Urea, GGT, AST, ALT, Alk phos, Amylase, Total Bili, LDH, fasting blood glucose
- Lipid Studies:** Total Cholesterol, LDL, HDL, Triglycerides

☐ Consult notes (endocrinology, ophthalmology, neurology, etc.)

☐ Other relevant test results such as cardiac studies, nerve conduction studies, etc.

☐ Up-to-date Pap smear

☐ Up-to-date Mammogram

☐ PSA

☐ FIT

☐ Last eye exam

Please Fax to:

Clinical Coordinator, Islet Transplant Program
 Pre-Assessment Clinic
 Gordon and Leslie Diamond Health Centre
 5th Floor, 2775 Laurel Street
 Vancouver, BC V5Z 1M9
 Tel: 604-875-5182
 Fax: 604-642-8824