BC TRANSPLANT
Provincial Health Services Authority

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

ISLET TRANSPLANT REFERRAL FORM

(Type 1 Eligible)

PCIS LABEL

Referral Date: ______________________

Last name: __________________________________ First name: ______________________________________

Sex: ☐ male ☐ female Race: ________________

PHN: _______________________________________ DOB____

Address: ____ Postal Code: ________________________

Home phone: _______________________________ Cell phone: ______________________________________

Contact name: ______________________ Relationship:_________________ Phone: _________________________

Referring Physician: __________________________________ Phone: ________________ Fax: ______________

General Practitioner: __________________________________ Phone: ________________ Fax: ______________

Address: ____

Other Specialists involved with care: ____

Age Diabetes Diagnosed_________________ Insulin Type & Doses______________________________________

Previous Kidney Transplant? ☐ No ☐ Yes Date: ________________ Donor-Living ________ Deceased_________

Previous Islet Transplant? ☐ No ☐ Yes Date: ________________

Height: ___________________ Weight: ____________________

Does the patient speak English? ☐ Yes ☐ No, if no what language? ________________________

Special needs? ___________________________

Please Mail to: (✓ check one)

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

Please complete other side

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CHECKLIST FOR ACCOMPANYING INFORMATION

Patient Name: ______________________________ **DOB:** ________________

A) Please include if available:

☐ **Information regarding medical history**

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

☐ **Lab work including:**

- **Chemistry:** Na, K. Cl, bicarb, Albumin, Total protein, Ca, MG, PO4, Uric acid, CK, Creatinine, Urea, HbA1C, GGT, AST, ALT, Alk phos, Amylase, Total Bili, Direct Bili, LDH, fasting blood glucose, homocysteine.
- **Hematology:** CBC and Differential, Platelets, INR, PTT
- **Iron Studies:** total iron, ferritin, TIBC, iron saturation
- **Urine Studies:** 2 X 24 hour urine for creatinine clearance and microalbuminuria and ratio, urine R&M
- **Lipid Studies:** Total Cholesterol, LDL, HDL, and Triglycerides
- **C-Peptide**
- **TSH**

☐ **Last eye exam**

☐ **Psychosocial concerns and notes**

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